Childcare Support 2021-2022

Bradford College

Student Details (to be completed by student)

Name:

College ID No: Mobile No:

                                  Home No:

Email:

Childcare Provider Details (to be completed by the childcare provider)

Name:

Address:

                                  Postcode:

Tel No:

Mobile No:

Email:

OFSTED Registration Number:

Have you registered with Bradford College FE Student Funding for the 2021/2022 academic year and provided your bank details?   Yes ☐   No ☐

NOTES:

- If Early Education/Childcare Funding is received for any child please provide details. We expect parents to use these hours whilst they are engaging with essential learning activities/essential course placements.

- Days per week, please **only** provide the days the student is engaging with essential learning activities/essential course placements.

- Please provide **actual weekly** costs, not averaged monthly figures.

- Charges must not include any payments for registration/deposits/snacks/meals as the Learner Support Fund **will not** cover these. These charges are the responsibility of the parent.

- If the charges change during the academic year (Sept-June) i.e. increase in charges when Early Education/Childcare Funding is not available (e.g. out of term-time), annual price increase, please provide details.

Childs name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DOB: | DD | MM | YY | **Date charges apply from:** | DD | MM | YY | **Date charges apply to:** | DD | MM | YY |

Standard weekly childcare charges: £ _____   **Weekly childcare charges after Early Education/Childcare Funding deducted:** £ _____

Daily sessions attending (i.e. AM, PM or both)

Monday		Tuesday		Wednesday		Thursday		Friday		Term-Time Only
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ……………………………………………………………………………………………

Reason for change in charges during academic year? ……………………………………………………………………………………………..

Childs name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DOB: | DD | MM | YY | **Date charges apply from:** | DD | MM | YY | **Date charges apply to:** | DD | MM | YY |

Standard weekly childcare charges: £ _____   **Weekly childcare charges after Early Education/Childcare Funding deducted:** £ _____

Daily sessions attending (i.e. AM, PM or both)

Monday		Tuesday		Wednesday		Thursday		Friday		Term-Time Only
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ……………………………………………………………………………………………

Reason for change in charges during academic year? ……………………………………………………………………………………………..

Childs name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DOB: | DD | MM | YY | **Date charges apply from:** | DD | MM | YY | **Date charges apply to:** | DD | MM | YY |

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Daily sessions attending (i.e. AM, PM or both)

Monday		Tuesday		Wednesday		Thursday		Friday		Term-Time Only
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ……………………………………………………………………………………………

Reason for change in charges during academic year? ……………………………………………………………………………………………..

Childs name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DOB: | DD | MM | YY | **Date charges apply from:** | DD | MM | YY | **Date charges apply to:** | DD | MM | YY |

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Daily sessions attending (i.e. AM, PM or both)

Monday		Tuesday		Wednesday		Thursday		Friday		Term-Time Only
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	Yes/No

Reason no Early Education/Childcare Funding available? ……………………………………………………………………………………………

Reason for change in charges during academic year? ……………………………………………………………………………………………..

Name: _____   Date: _____

CHILDCARE SUPPORT 2021-2022

Timetable Confirmation

Bradford College

Student Details (to be completed by student)

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

College ID No: ☐☐☐☐☐☐☐

Mobile No: ☐☐☐☐☐☐☐☐☐☐☐

Home No: ☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Tutor and Course Details (to be completed by course tutor for each course enrolled)

Course title: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Full-time: ☐   Part-time: ☐   Start Date: ☐☐☐☐☐☐   End Date: ☐☐☐☐☐☐

Location: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Essential learning activity:

	Monday	Tuesday	Wednesday	Thursday	Friday
Session starts at					
Session ends at					

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: ☐☐☐☐☐☐   End Date: ☐☐☐☐☐☐   No. of Days per Week: ☐

Location: _____

Start Date: ☐☐☐☐☐☐   End Date: ☐☐☐☐☐☐   No. of Days per Week: ☐

Location: _____

Tutor's Name: _____   Ext No: _____

Tutor's Signature: _____

Course title: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Full-time: ☐   Part-time: ☐   Start Date: ☐☐☐☐☐☐   End Date: ☐☐☐☐☐☐

Location: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Essential learning activity:

	Monday	Tuesday	Wednesday	Thursday	Friday
Session starts at					
Session ends at					

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: ☐☐☐☐☐☐   End Date: ☐☐☐☐☐☐   No. of Days per Week: ☐

Location: _____

Start Date: ☐☐☐☐☐☐   End Date: ☐☐☐☐☐☐   No. of Days per Week: ☐

Location: _____

Tutor's Name: _____   Ext No: _____

Tutor's Signature: _____

Course title:

Full-time: ☐ Part-time: ☐ Start Date: End Date:

Location:

Essential learning activity:

	Monday	Tuesday	Wednesday	Thursday	Friday
Session starts at					
Session ends at					

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: End Date: No. of Days per Week:

Location: _____

Start Date: End Date: No. of Days per Week:

Location: _____

Tutor's Name: _____ Ext No:

Tutor's Signature: _____

Course title:

Full-time: ☐ Part-time: ☐ Start Date: End Date:

Location:

Essential learning activity:

	Monday	Tuesday	Wednesday	Thursday	Friday
Session starts at					
Session ends at					

Is the student required to attend a work placement? If YES please confirm below when the placement(s) will start and finish, the location and the number of days per week.

Start Date: End Date: No. of Days per Week:

Location: _____

Start Date: End Date: No. of Days per Week:

Location: _____

Tutor's Name: _____ Ext No:

Tutor's Signature: _____