

**WOODBERRY DOWN COMMUNITY ORGANISATION**

**Childminding claim for WDCO members**

Please print

Claimant Ms/Mrs/Miss/Mr

Address

Meeting date:

Held at:

Purpose of Meeting:

Childminder's Name:

Childminder's Address:

Child(ren) Minded:

Date:

Time from:

to:

Hours claimed (max 3 hours) @£9.00 per hour = £

Childminder's Signature:

The above amount will be paid by cheque. If you do not have a bank, building society or Post Office account you can nominate a third party to whom the cheque can be made payable.

Name of nominee (if applicable):

Claimant's signature:

WDCO

Before signing please check and confirm: Current ~~WDCO~~ membership

Meeting attendance

Treasure's signature

Name

Date