



SPRING 2008

ESTIMATE RETURN
3 AND 4 YEAR OLD FUNDING

Please confirm the number of eligible 3 & 4 year olds you expect to have on roll next term, together with details of the number of sessions they will be claiming for.

Name of Provider : _____

CLAIM

Total Number of Weeks Term start date _____
Open Term finish date _____

Total number of Children covered by this claim
Total number of Sessions taken by all children at your setting for the Term

NOTE: The number of funded sessions in any one term cannot exceed 50 sessions for any child with a maximum of 5 sessions per week

PLEASE COMPLETE THE FORM OVER LEAFLET IF YOUR BANK DETAILS HAVE CHANGED SINCE LAST TERM

Signed : _____ **Date :** / /

Return to: The Funding Administrator, Localities and Childcare, Children & Young People's Integrated Services, Dolphin Centre, Poole, BH15 1SA (by 12 December 2007)



SPRING 2008

CHANGE OF BANK DETAILS

PROVIDER DETAILS:

NAME OF PROVIDER:

CONTACT NAME AND ADDRESS (including postal code):

TELEPHONE NUMBER: Work/Mobile:

Home:

E-MAIL ADDRESS:

BANKING DETAILS:

BANK/BUILDING SOCIETY:

SORT CODE: / / /

NAME OF ACCOUNT:

ACCOUNT NUMBER: / / / / / / /

SIGNED:

POSITION:

DATE:

Return to: The Funding Administrator, Localities and Childcare, Children & Young People's Integrated Services, Dolphin Centre, Poole, BH15 1SA