A picture containing graphical user interface

Description automatically generated**The Play Project After School Club**

**Appendix B: Income assessment form for after-school**

**childcare at subsidised rate.**

Households with an income of up to £34,999 are eligible for a daily subsided after-school childcare rate of £5.00 per session. Households earning over £34,999 shall be charged £12.00 per session. If you feel you are eligible for the subsided rate please fill in this form and provide proof of household income.

**Please note:**

* Regardless of whether or not the parents of a child are married, or whether

or not they live together, any contribution to maintenance of the child by either parent must be declared.

* You will be charged the full fee of £12.00 per day until all information has

been provided to determine the correct level of charges.

**Childs details and parent /carer details**

|  |  |
| --- | --- |
| **Name of provider/school** | **Hilldrop Area Community Association – Play Project** |
| **Child/ren’s name/s** |  |
| **Dates of birth** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer 1** | | **Parent/Carer 2/Partner** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Contact Number |  | Contact Number |  |

**Assessment of income**

Please fill in those sections that apply to your circumstances.

|  |  |
| --- | --- |
| **Parent/Carer 1**  **\*Gross earnings/income (before tax)** | **Parent /Carer 2 /Partner’s**  **\*Gross earnings/income (before tax)** |
| £ per annum | £ per annum |
| £ per month | £ per month |
| £ per week | £ per week |

I declare that no contribution to household income is provided by a second parent ❑

*Please turn over…*

Please provide the following as evidence of household income:

* weekly paid (four wage slips that are recent and consecutive)

or

* fortnightly or monthly paid (two wage slips that are recent and consecutive)

or

* student’s enrolment forms & proof of funding for childcare charges

or

* latest set of audited accounts (self-employed) audited accounts or latest HMRC

self-assessment tax return

**If you do not wish to provide evidence of income you will be charged at the highest band.**

**Declaration** \*Please delete as appropriate

\*I/we have completed and signed the attached declaration of income form.

\*I/we understand that \*my/our joint income will be reassessed every year.

\*I/we agree to notify the provider of any changes in \*my/our circumstances, so that the charge can be adjusted or the allocation reviewed.

\*I/we certify that to the best of \*my/our knowledge, the information declared for the purpose of a fair assessment of charges is correct and complete and includes any financial support available from both parents.

**Declaration (to be signed by both parents/carers)**

Parent/carer 1

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer 2 /Partner

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Data Protection Regulations (GDPR) Statement:**

I consent to Hilldrop Area Community Association holding the information contained in this form in line with the Data Protection Act and to contacting me about services and events at Hilldrop Community Centre

**Yes □ No □**

**Office Use Only**

**Amount payable**

Term time weekly charge £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be applied from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of the home address of the parent(s) the child lives with, or confirmation of the Islington school the child attends has been seen and checked ❑

Evidence copied and complete ❑

Assessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_