

## Student Assistance Fund

### Childcare Receipt

Name of Childminder: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_ have received the amount of € \_\_\_\_\_

for minding the child/children of \_\_\_\_\_ while they were  
Student Name - Please Print

attending classes at SETU Carlow

Period covered: **From:** \_\_\_\_\_ **To** \_\_\_\_\_

I agree to be contacted by a Committee member if this needs to be verified.

I give consent to the SETU Carlow to retain my details for Student Assistance Fund purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Childminder (signed not printed)**  
Official Childminder Stamp (if available)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Student (signed not printed)**

This information is for the sole use of the Student Assistance Fund and will not be used for any other purpose.  
All income is liable for tax to be paid by the Childminder.

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