

Childcare Service/OSCAR Programme supervisor's form



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

This form needs to be completed by the supervisor of the childcare or OSCAR programme.

The information is required under section 12 of the Social Security Act 1964.

Childcare service/OSCAR programme details

Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.

Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

1

What is the name of your childcare service/OSCAR programme?

CAMP COLUMBA

AFRICA CAMP 1

2

What is your Work and Income childcare service/OSCAR provider number?

900 | 020 | 442

3

What are your organisation's contact details?

Work phone	(03) 2053702
Mobile phone	()
Email	info@campcolumba.org.nz

INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

4

Does your childcare service offer 20 Hours ECE?

No Yes

5

Do you charge a holding or absence fee?

No Yes



② HOW TO ANSWER Q6:

6

Please tell us your hourly fee after you have applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you do not have an hourly fee (for example if you have a session fee), please write 'N/A' in this box and just tell us the total weekly fee, before subsidy.

Please provide details of the care for each child.

Child 1

Child's full name

Hours of care (weekly total)	<input data-bbox="833 295 1027 342" type="text" value="50+"/>	Hours of 20 Hours ECE received (weekly total)	<input data-bbox="1224 295 1418 342" type="text" value="N/A"/>
Care start date	<input data-bbox="833 376 1027 423" type="text" value="16 10 4 18"/>	Care end date – OSCAR only	<input data-bbox="1224 376 1418 423" type="text" value="19 10 4 18"/>
Your hourly fee (before subsidy)	<input data-bbox="833 434 1027 481" type="text" value="\$ N/A"/>	Total weekly fee (before subsidy)	<input data-bbox="1224 434 1418 481" type="text" value="\$ 150"/>

Child 2

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input data-bbox="833 667 1027 714" type="text" value="/ /"/>	Care end date – OSCAR only	<input data-bbox="1224 667 1418 714" type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input data-bbox="833 725 1027 772" type="text" value="\$"/>	Total weekly fee (before subsidy)	<input data-bbox="1224 725 1418 772" type="text" value="\$"/>

Child 3

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input data-bbox="833 954 1027 1001" type="text" value="/ /"/>	Care end date – OSCAR only	<input data-bbox="1224 954 1418 1001" type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input data-bbox="833 1012 1027 1059" type="text" value="\$"/>	Total weekly fee (before subsidy)	<input data-bbox="1224 1012 1418 1059" type="text" value="\$"/>

Child 4

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input data-bbox="833 1243 1027 1290" type="text" value="/ /"/>	Care end date – OSCAR only	<input data-bbox="1224 1243 1418 1290" type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input data-bbox="833 1301 1027 1348" type="text" value="\$"/>	Total weekly fee (before subsidy)	<input data-bbox="1224 1301 1418 1348" type="text" value="\$"/>

Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Date

<input data-bbox="1070 1639 1150 1686" type="text" value="12"/>	<input data-bbox="1158 1639 1238 1686" type="text" value="02"/>	<input data-bbox="1246 1639 1406 1686" type="text" value="2018"/>
Day	Month	Year