

Childcare Service/OSCAR Programme supervisor's form



Work and Income
Te Hiranga 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 2

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) 205 3702
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="837 295 1029 340" type="text" value="50+"/>	Hours of 20 Hours ECE received (weekly total)	<input data-bbox="1228 295 1420 340" type="text" value="N/A"/>
Care start date	<input data-bbox="837 376 1029 421" type="text" value="23/04/18"/>	Care end date – OSCAR only	<input data-bbox="1228 376 1420 421" type="text" value="27/04/18"/>
Your hourly fee (before subsidy)	<input data-bbox="837 434 1029 479" type="text" value="\$ N/A"/>	Total weekly fee (before subsidy)	<input data-bbox="1228 434 1420 479" type="text" value="\$ 170"/>

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="837 667 1029 712" type="text" value="/ /"/>	Care end date – OSCAR only	<input data-bbox="1228 667 1420 712" type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input data-bbox="837 725 1029 770" type="text" value="\$"/>	Total weekly fee (before subsidy)	<input data-bbox="1228 725 1420 770" 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="837 954 1029 999" type="text" value="/ /"/>	Care end date – OSCAR only	<input data-bbox="1228 954 1420 999" type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input data-bbox="837 1012 1029 1057" type="text" value="\$"/>	Total weekly fee (before subsidy)	<input data-bbox="1228 1012 1420 1057" 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="837 1240 1029 1285" type="text" value="/ /"/>	Care end date – OSCAR only	<input data-bbox="1228 1240 1420 1285" type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input data-bbox="837 1299 1029 1344" type="text" value="\$"/>	Total weekly fee (before subsidy)	<input data-bbox="1228 1299 1420 1344" 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

Day Month Year