

Childcare Service/OSCAR Programme supervisor's form

This is an extra form in case you need it or if your children go to more than one childcare provider. 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

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

9 0 0 | 0 2 0 | 4 4 2

3 What are your organisation's contact details?

Work phone	(03) 205 3702
Mobile phone	()
Email	holidaycamps@campcolumba.org.nz

4 Does your childcare service offer 20 Hours ECE?

No Yes

5 Do you charge a holding or absence fee?

No Yes



① INFORMATION FOR 04:
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.

HOW TO ANSWER Q6:

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)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

Child 2

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

Child 3

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

Child 4

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

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

01	02	2017
Day	Month	Year