## Childcare Service/OSCAR Programme supervisor's form



The information is required under section 298 of the Social Security Act 2018.

## 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.

| Childcare                                                                                                                                                                                                                                                                                                                                                             | What is the name of your chil                                                                                                                                                                                                            |             |                                  |                |                |         |                                          |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------|----------------|----------------|---------|------------------------------------------|--------------|--|
| service/                                                                                                                                                                                                                                                                                                                                                              | Camp Columba Charitable                                                                                                                                                                                                                  | Trus        | + Par                            | 1010           | gramme 3       | 5 Day   | Deal                                     |              |  |
| OSCAR                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          |             |                                  |                |                |         |                                          |              |  |
| programme details 2                                                                                                                                                                                                                                                                                                                                                   | What is your Work and Incom                                                                                                                                                                                                              | ne ch       | ildcar                           | eser           | vice/OSC       | AR pro  | vider nu                                 | mber?        |  |
| details                                                                                                                                                                                                                                                                                                                                                               | 90000204                                                                                                                                                                                                                                 | 4           | 2                                |                |                |         |                                          |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |             |                                  |                |                |         |                                          |              |  |
| 3                                                                                                                                                                                                                                                                                                                                                                     | What are your organisation's                                                                                                                                                                                                             | con         | tact de                          | etails         | s?             |         |                                          |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Workphone $(03) \partial$                                                                                                                                                                                                                | los.        | 3702                             | 1              |                |         |                                          | Villa III    |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Work phone         (03) 205 3702           Mobile phone         ()                                                                                                                                                                       |             |                                  |                |                |         |                                          |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | Email holiday camps@campcolumba.og.nz                                                                                                                                                                                                    |             |                                  |                |                |         |                                          |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |             |                                  |                | J              |         |                                          |              |  |
| INFORMATION FOR Q4:                                                                                                                                                                                                                                                                                                                                                   | Does your childcare service                                                                                                                                                                                                              | offe        | 20 Ho                            | urs E          | ECE?           |         |                                          |              |  |
| If you offer 20 Hours ECE you can't charge                                                                                                                                                                                                                                                                                                                            | No Yes                                                                                                                                                                                                                                   |             |                                  |                |                |         |                                          |              |  |
| a fee for those                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |             |                                  |                |                |         |                                          |              |  |
| hours unless you're a home-based 5                                                                                                                                                                                                                                                                                                                                    | Do you charge a holding or absence fee?                                                                                                                                                                                                  |             |                                  |                |                |         |                                          |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                          |             |                                  |                |                |         |                                          |              |  |
| educator and charge                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                          |             |                                  |                |                |         |                                          |              |  |
|                                                                                                                                                                                                                                                                                                                                                                       | No Yes                                                                                                                                                                                                                                   |             |                                  |                |                |         |                                          |              |  |
| educator and charge<br>a top-up fee.                                                                                                                                                                                                                                                                                                                                  | No Yes                                                                                                                                                                                                                                   |             | e for ea                         |                | hild.          |         |                                          |              |  |
| educator and charge a top-up fee.  The how to answer Q6: Please tell us your                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                          |             | e for ea                         |                | hild.          |         |                                          |              |  |
| educator and charge a top-up fee.  The how to answer q6: Please tell us your fee after you've applied                                                                                                                                                                                                                                                                 | No Yes                                                                                                                                                                                                                                   |             | e for ea                         |                | hild.          |         |                                          |              |  |
| educator and charge a top-up fee.  Please tell us your fee after you've applied any discount but before any Work and Income                                                                                                                                                                                                                                           | No Yes  Please provide details of the                                                                                                                                                                                                    | e car       | lours ECI                        | ch c           |                | Тор-ч   | up fee start                             | date         |  |
| educator and charge a top-up fee.  Please tell us your fee after you've applied any discount but before any Work and Income subsidy is applied.                                                                                                                                                                                                                       | Please provide details of the Child 1 Full name  Care start date                                                                                                                                                                         | e car       | e for ea                         | E start        |                |         | up fee start<br>(if applicable)<br>Month | date<br>Year |  |
| educator and charge a top-up fee.  Please tell us your fee after you've applied any discount but before any Work and Income subsidy is applied.  The Childcare Subsidy can't be used for                                                                                                                                                                              | Please provide details of the Child 1 Full name  Care start date                                                                                                                                                                         | 20 F        | lours ECI                        | E start        | t date         |         | (if applicable)                          |              |  |
| educator and charge a top-up fee.  Please tell us your fee after you've applied any discount but before any Work and Income subsidy is applied.  The Childcare Subsidy can't be used for donations or optional charges, but can be used                                                                                                                               | Please provide details of the Child 1 Full name  Care start date Day Month Year                                                                                                                                                          | 20 H        | lours ECI                        | E start        | t date<br>Year |         | (if applicable)                          |              |  |
| educator and charge a top-up fee.  Please tell us your fee after you've applied any discount but before any Work and Income subsidy is applied.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.                                                                                                           | Please provide details of the  Child 1 Full name  Care start date  Day Month Year  Enrolment times Mo                                                                                                                                    | 20 H        | lours ECI<br>(if applic<br>Month | E start        | t date<br>Year | Day     | (if applicable) Month                    | Year         |  |
| educator and charge a top-up fee.  The Answer Q6: Please tell us your fee after you've applied any discount but before any Work and Income subsidy is applied.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  INFORMATION FOR Q6:                                                                       | Please provide details of the Child 1 Full name  Care start date Day Month Year  Enrolment times Mo Enrolled hours                                                                                                                       | 20 H        | lours ECI<br>(if applic<br>Month | E start        | t date<br>Year | Day     | (if applicable) Month                    | Year         |  |
| educator and charge a top-up fee.  Please tell us your fee after you've applied any discount but before any Work and Income subsidy is applied.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  INFORMATION FOR Q6: Where we say ECE in this question we mean                                            | Please provide details of the Child 1 Full name  Care start date Day Month Year  Enrolment times Mo Enrolled hours ECE hours used (if applicable)                                                                                        | 20 F<br>Day | Hours ECE<br>(if applic<br>Month | E start cable) | d Thu          | Day Fri | (if applicable) Month  Sat               | Year         |  |
| educator and charge a top-up fee.  The Answer applied any discount but before any Work and Income subsidy is applied.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  INFORMATION FOR a6: Where we say ECE in                                                                                            | Please provide details of the  Child 1 Full name  Care start date Day Month Year  Enrolment times Mo Enrolled hours ECE hours used (if applicable)                                                                                       | 20 F<br>Day | lours ECI<br>(if applic<br>Month | E start cable) | t date<br>Year | Day Fri | (if applicable) Month                    | Year         |  |
| educator and charge a top-up fee.  The Answer and Income subsidy is applied.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  INFORMATION FOR a6: Where we say ECE in this question we mean                                                                                                               | Please provide details of the Child 1 Full name  Care start date Day Month Year  Enrolment times Mo Enrolled hours ECE hours used (if applicable)  Type of childcare Total hours each week                                               | 20 F<br>Day | Hours ECE<br>(if applic<br>Month | E start cable) | d Thu          | Day Fri | (if applicable) Month  Sat               | Year         |  |
| educator and charge a top-up fee.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee. | Please provide details of the  Child 1 Full name  Care start date Day Month Year  Enrolment times Mo Enrolled hours ECE hours used (if applicable)  Type of childcare Total hours each week ECE top-up fee charged to caregiver per hour | 20 F<br>Day | Hours ECE<br>(if applic<br>Month | E start cable) | d Thu          | Day Fri | oscar pro                                | Year         |  |
| educator and charge a top-up fee.  The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.  The Childcare Subsidy can't be used for the top-up fee.  INFORMATION FOR Q6: Where we say ECE in this question we mean                                                                                                 | Please provide details of the  Child 1 Full name  Care start date Day Month Year  Enrolment times Mo Enrolled hours ECE hours used (if applicable)  Type of childcare Total hours each week ECE top-up fee charged to                    | 20 F<br>Day | Hours ECE<br>(if applic<br>Month | E start cable) | d Thu          | Day Fri | (if applicable) Month  Sat               | Year         |  |

|                                                                           | Care start date  Day Month Year                           | 20 Hours ECE start date (if applicable)  Day Month Year |           |         |      |        | Top-up fee start date<br>(if applicable)<br>Day Month Year |                                        |          |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|-----------|---------|------|--------|------------------------------------------------------------|----------------------------------------|----------|--|
|                                                                           | Enrolment times                                           | Mon                                                     | Tue       | Wed     | 4    | Thu    | Fri                                                        | Sat                                    | Sun      |  |
|                                                                           | Enrolled hours                                            |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | ECE hours used (if applicable)                            |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | Type of childcare                                         | Childcare provider Home-base                            |           |         |      |        | d OSCAR provider                                           |                                        |          |  |
|                                                                           | Total hours each week                                     |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | ECE top-up fee charged to caregiver per hour              |                                                         |           |         | \$   |        |                                                            |                                        |          |  |
|                                                                           | Total weekly fee charged to caregiver (don't include ECE) | \$                                                      |           |         | \$   |        |                                                            | \$                                     |          |  |
|                                                                           | OSCAR care period end date                                |                                                         | 1 1       |         |      |        |                                                            |                                        |          |  |
|                                                                           | Care start date  Day Month Year                           | Da                                                      |           | icable) | Year |        | Day                                                        | up fee star<br>(if applicable<br>Month | Year     |  |
|                                                                           | Enrolment times                                           | Mon                                                     | Tue       | We      | d    | Thu    | Fri                                                        | Sat                                    | Sun      |  |
|                                                                           | Enrolled hours                                            |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | ECE hours used (if applicable)                            |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | Type of childcare                                         | Child                                                   | lcare pro | vider   | Home | e-base | d                                                          | OSCAR                                  | provider |  |
| f you provide childcare or a fourth child please provide this information | Total hours each week                                     |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | ECE top-up fee charged to caregiver per hour              |                                                         |           |         | \$   |        |                                                            |                                        |          |  |
|                                                                           | Total weekly fee charged to caregiver (don't include ECE) | \$                                                      |           |         |      | \$     |                                                            |                                        |          |  |
| that child on a parate piece of paper                                     | OSCAR care period end date                                | ite / /                                                 |           |         |      |        |                                                            |                                        |          |  |
| d attach it to this form.                                                 | Write any comments he                                     | ere                                                     |           |         |      |        |                                                            |                                        |          |  |
|                                                                           |                                                           |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           |                                                           |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           |                                                           |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           |                                                           |                                                         |           |         |      |        |                                                            | A15 (CA) (CA)                          |          |  |
| inau/a atata                                                              | mont                                                      |                                                         |           |         |      |        |                                                            |                                        |          |  |
| pervisor's state                                                          |                                                           |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | provided is true and comple                               |                                                         |           |         |      |        |                                                            |                                        |          |  |
|                                                                           | plete this form for my organ                              | isation.                                                |           |         |      |        |                                                            |                                        |          |  |
| nave authority to com                                                     | piece triis form for my organ.                            |                                                         |           |         |      |        |                                                            |                                        |          |  |
| ave authority to com                                                      | Supervisor's                                              |                                                         |           |         |      |        | Day                                                        | Month                                  | Yea      |  |

ATTACHMENT FOR Q6: