

Childcare Service/OSCAR Programme supervisor's form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATU WHAKAHIAO ORA

The information is required under section 293 of the Social Security Act 2010.

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 service/OSCAR programme details

1

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

Camp Columbia Tuiti Day programme full week early and late

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	holiday.camps@campcolumbia.org.nz

4

Does your childcare service offer 20 Hours ECE?

☒ No ☐ Yes

5

Do you charge a holding or absence fee?

☒ No ☐ Yes

6

Please provide details of the care for each child.

Child 1

Full name

Care start date
Day Month Year

07 07 25

20 Hours ECE start date
(if applicable)
Day Month Year

Top-up fee start date
(if applicable)
Day Month Year

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours	9	9	9	9	9		
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			45
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$ 250

OSCAR care period end date 11/07/25

INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours unless you're a home-based educator and charge a top-up fee.

HOW TO 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:

Where we say ECE in this question we mean 20 Hours ECE.

Child 2 Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year

Enrolled hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
ECE hours used (if applicable)							

Type of childcare	Child care provider	Home-based	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 and date / /

Child 3 Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year

Enrolled hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
ECE hours used (if applicable)							

Type of childcare	Child care provider	Home-based	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 and date / /

7

Write any comments here

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)

Levi Goodall

Supervisor's signature

[Signature]

Day Month Year

13 05 25

ATTACHMENT FOR Q6:

If you provide childcare for a fourth child please provide this information for that child on a separate piece of paper and attach it to this form.