Childcare Service/OSCAR Programme supervisor's form



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

Keep this application moving

What is the name of yo	What is the name of your childcare service/OSCAR programme?									
Camp Columba i	July D	an Drai	MAMME	Singl	e Day					
		' '		0						
What is your Work and	What is your Work and Income childcare service/OSCAR provider number?									
9000020	900020442									
	What are your organisation's contact details?									
What are your organisa										
Work phone (6	3) 21	05 3	702							
Mobile phone ()									
Email holis	day car	nosac	amnon	umban	100107					
					U					
No Yes										
Please provide details of	of the ca	are for e	ach chile	d.						
	of the ca	are for e	ach chil	d.						
Child 1 Full name Care start date		Hours EC	E start dat		Top-up	o fee start	date			
Child 1 Full name		Hours EC	E start dat	e	(if	o fee start f applicable) flonth	date Year			
Child 1 Full name Care start date	20	Hours EC	E start dat	e	(if	fapplicable)				
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Care start date Day Month Year Enrolment times Enrolled hours ECE hours used (if applicable)	20 Day	Hours EC (if appli y Monti	E start dat cable) n Yea Wed	e ar	Day M	fapplicable) fonth	Year			
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	What is your Work and 900000000000000000000000000000000000	What is your Work and Income 900000000000000000000000000000000000	What is your Work and Income childca 9000020442 What are your organisation's contact of the work phone (03) 205 37 Mobile phone (03) 205 37 Does your childcare service offer 20 Holical Campsolc No Yes Do you charge a holding or absence feet	What is your Work and Income childcare serving to the programme what is your Work and Income childcare serving to the programme what are your organisation's contact details? What are your organisation's contact details? Work phone (03) 205 3702 Mobile phone () Email holidal camps@campcol Does your childcare service offer 20 Hours EC	What is your Work and Income childcare service/OSC 900001442 What are your organisation's contact details? Work phone (03) 205 3702 Mobile phone () Email holidal Camps@Campcolumba. Does your childcare service offer 20 Hours ECE? No Yes Do you charge a holding or absence fee?	What is your Work and Income childcare service/OSCAR proved to the province of	What is your Work and Income childcare service/OSCAR provider num 9000020442 What are your organisation's contact details? Work phone (03) 205 3702 Mobile phone () Email holidal camps@camp columba.org.nz Does your childcare service offer 20 Hours ECE? No Yes Do you charge a holding or absence fee?			

caregiver (don't include ECE)

OSCAR care period end date

\$

\$ 50

	Day	Care start date Day Month Year		20 Hours ECE start date (if applicable) Day Month Year					Top-up fee start date (ff applicable) Day Month Year				
	Enro	lment times	s	Mon	Tue	W	ed	Thu	Fri		Sat	Sur	
	Enrol	led hours											
	ECE	nours used (i	fapplicable)										
	Туре	of childcare		Child	care pro	vider	Hon	ne-base	d	OSCA	AR pro	ovider	
	Total h	nours each w	reek										
	ECE to caregi	ECE top-up fee charged to caregiver per hour											
		Total weekly fee charged to caregiver (don't include ECE)				\$			\$				
	OSCA	R care perio	d end date		1 1								
	Day	Care start d Month	T스(20 Hours ECE sta (if applicable) Day Month)		Top-up fee start date (if applicable) Day Month Year			
	Enrol	Enrolment times		Mon	Tue	We	d	Thu	Fri	S	at	Sun	
	Enroll	ed hours											
	ECE h	ours used (if	applicable)										
	Туре	Type of childcare			Childcare provider			Home-based			OSCAR provider		
	Total h	Total hours each week											
MENT FOR Q6: rovide childcare urth child please this information	ECE to caregiv	ECE top-up fee charged to caregiver per hour						\$			4-13		
	Total w caregiv	Total weekly fee charged to caregiver (don't include ECE)			\$			\$			\$		
a of paper	OSCAF	care period	d end date		1 1								
this form.	Write	any comr	nents hei	°e									
isor's state	provided												
uthority to com	plete this	form for n	ny organis	ation.									
on our management of the same													
name (print)		Suj	pervisor's si	gnature					Day 3	Month 05	2	Year	

ATTACHMENT FOR Q6: If you provide childcare for a fourth child please provide this information for that child on a separate piece of paper