

# Childcare Service/OSCAR Programme supervisor's form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

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 service/OSCAR programme details

1

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

Camp Columbia Jult Day programme Single day 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        | holidaycamps@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

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|     |       |      |

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

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|     |       |      |

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

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|     |       |      |

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

| Type of childcare   | Childcare provider | Home-based | OSCAR provider |
|---|--------------------|------------|----------------|
| Total hours each week                                     |                    |            | 9              |
| ECE top-up fee charged to caregiver per hour              |                    | \$         |                |
| Total weekly fee charged to caregiver (don't include ECE) | \$                 | \$         | \$ 60          |

OSCAR care period end date

/ /

#### ① 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.

#### ② 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.

#### ③ 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<br>(if applicable) |       |      | Top-up fee start date<br>(if applicable) |       |      |
| Day             | Month | Year | Day  | Month | Year | Day                                      | Month | Year |
|                 |       |      |  |       |      |  |       |      |

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

| Type of childcare   | Childcare 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 end date | / | / |
|----------------------------|---|---|

**Child 3** Full name

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

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

| Type of childcare   | Childcare 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 end date | / | / |
|----------------------------|---|---|

**7****Write any comments here**

|  |
|--|
|  |
|  |
|  |

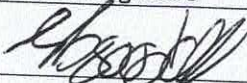
**Supervisor's statement**

- 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



Day Month Year

13 05 25