## Childcare Service/OSCAR Programme supervisor's form



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

## Keep this application moving

Childcare [1]	What is the name of your childcare service/OSCAR programme?				
service/ OSCAR	Camp Colymba Minecraft Senior Camp				
programme details	What is your Work and Income childcare service/OSCAR provider number?				
	900020 442				
3	What are your organisation's contact details?				
	Workphone $(03) 205370\lambda$				
	Mobile phone ()				
	Email holiday camps a) camp columba. organ 2				
NFORMATION FOR Q4:	December of the control of the contr				
yeon offer 20 Hours	Does your childcare service offer 20 Hours ECE?				
CE you can't charge	No Yes				
fee for those					
iours unless you're					
	Do you charge a holding or absence fee?				
educator and charge					
educator and charge	Do you charge a holding or absence fee?  No Yes				
a home-based educator and charge a top-up fee.					
educator and charge a top-up fee.	No Yes				
educator and charge a top-up fee.					
educator and charge a top-up fee.  HOW TO ANSWER Q5: Please tell us your	No Yes				
educator and charge a top-up fee. HOW TO ANSWER Q6: Please tell us your ee after you've applied	No Yes				
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			<u> </u>	
	Child 2 Full name			
		<del> </del>		
	Care start date	20 Hours ECE start date Top-up fee start date (if applicable) (if applicable)		
	Day Month Year	(if applicable) Day Month	Year Day	(if applicable)  Month Year
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·	Enrolment times	Mon Tue W	ed Thu Fr	i Sat Sun
	Enrolled hours		Called Bulletin St. St.	300
	ECE hours used (if applicable)			
	Charles and the second	The second secon		
	Type of childcare	Childcare provider	Home-based	OSCAR provider
	Total hours each week		- 14a - 15a	<u> </u>
	ECE top-up fee charged to			
	caregiver per hour		\$	
	Total weekly fee charged to	\$	*	4
	caregiver (don't include ECE)	<u> </u>	\$	\$
	OCCAP		)	
	OSCAR care period end date		Jan	
		$V_{ij} = V_{ij} = V_{ij} = 1$		
		<u> </u>		
	Child3 Full name			
		20 House 505		
	Care start date	20 Hours ECE star (if applicable)	t date Top	)-up fee start date (if applicable)
	Day Month Year	Day Month	Year Day	Month Year
	Enrolment times	Mon Tue We	ed Thu Fri	Sat Sun
	Enrolled hours			
	ECE hours used (if applicable)			
	Type of childcare	Childcare provider	Home-based	00000
M-44-44	Total hours each week	omineral e bi ovidei	monte-paseu	OSCAR provider
ATTACHMENT FOR QB:	ECE top-up fee charged to	28 18 10 18 10 10 10 10 10 10 10 10 10 10 10 10 10		
If you provide childcare	caregiver per hour		\$	
for a fourth child please	Total weekly fee charged to	Φ.		
provide this information	caregiver (don't include ECE)	\$	\$	\$
for that child on a				
separate piece of paper and attach it to this form.	OSCAR care period end date			
<b>672</b>	Marita and assessment to			
	Write any comments her	e		70.
***************************************				
			<u> </u>	
1.				
Supervisor's statem	ont			
	- ·	•		
The information I have pro	ovided is true and complete	<b>3.</b>		
<ul> <li>I have authority to comple</li> </ul>	te this form for my organis	ation.		
		$(-1)^{-1} = (-1)^{-1} = (-1)^{-1}$		
Supervisor's name (print)	Supervisor's sig	gnature	Day	Month Year
I retail	L1	- 1111	06	70
Levi 400dq11		001//		<del></del>
ALCO ST. 1. ST.				