

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 service/OSCAR programme details

1

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

Camp Columbia December Day Programme

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: hollycamp@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

[Empty field for full name]

Care start date

Day Month Year

20 Hours ECE start date (if applicable)

Day Month Year

Top-up fee start date (if applicable)

Day Month Year

Enrolment times

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

Type of childcare

Childcare provider	Home-based	OSCAR provider
Total hours each week		7
ECE top-up fee charged to caregiver per hour		
Total weekly fee charged to caregiver (don't include ECE)		\$ 56
OSCAR care period end date	/ /	

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.

Day 22 Month 10 Year 24

[Signature]
Supervisor's signature

Levi Goodell
Supervisor's name (print)

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's statement

Write any comments here

7

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.

Type of childcare		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
Childcare provider	Home-based		\$	\$	/ /
OSCAR provider					

Enrollment times		Enrolled hours							ECE hours used (if applicable)
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Childcare provider	Home-based								
OSCAR provider									

Child 3 Full name

Care start date: Day Month Year

20 Hours ECE start date: Day Month Year

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

Type of childcare		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
Childcare provider	Home-based		\$	\$	/ /
OSCAR provider					

Enrollment times		Enrolled hours							ECE hours used (if applicable)
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Childcare provider	Home-based								
OSCAR provider									

Child 2 Full name

Care start date: Day Month Year

20 Hours ECE start date: Day Month Year

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