Information for the childcare service

For more information, please read our brochure “Do you provide childcare or OSCAR services?”. 

This form needs to be completed by the childcare service supervisor. The information you provide will help us to assess if the applicant is eligible for the Childcare Subsidy.

Childcare services include:
• family daycare centres 
• home-based childcare services 
• Te Kohanga Reo.

Childcare services also include some fee paying:
• kindergartens 
• playcentres.

Childcare Subsidy Verification Form

This form needs to be completed by the childcare service supervisor. The information you provide will help us to assess if the applicant is eligible for the Childcare Subsidy.

Childcare services include:
• family daycare centres 
• home-based childcare services 
• Te Kohanga Reo.

Childcare services also include some fee paying:
• kindergartens 
• playcentres.

Client details

Client's name
First name(s) Surname or family name

Client's date of birth: Day  Month  Year

Childcare service details

1. What is the name of your childcare service?

2. How can we contact you?
   Work phone   Home phone   Mobile phone

   Email   Fax

3. Is your centre licensed or chartered by the Ministry of Education?
   Yes  ↪ You may be asked to provide proof.
   No   ↪ Please call 0800 559 009 and ask for your local Childcare Coordinator.

4. What is your Work and Income childcare service number?

5. Does your childcare service offer 20 Hours ECE?
   Yes  ☐ No  ☐
6. Please provide details of childcare provided.

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<tr>
<th>Child’s full name</th>
<th>Hours of care (weekly total)</th>
<th>Hours of 20 Hours ECE received (weekly total)</th>
<th>Date they started care</th>
<th>Your hourly fee (before subsidy)</th>
<th>Total weekly fee (before subsidy)</th>
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Note: If you offer 20 Hours ECE you can’t charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

7. If your centre closes, what dates are you closed for?

- **End of Term 1**
  - Closed from: [ ] day.month.year
  - Reopens: [ ] day.month.year

- **End of Term 2**
  - Closed from: [ ] day.month.year
  - Reopens: [ ] day.month.year

- **End of Term 3**
  - Closed from: [ ] day.month.year
  - Reopens: [ ] day.month.year

- **Christmas holidays**
  - Closed from: [ ] day.month.year
  - Reopens: [ ] day.month.year

- **Other holidays**
  - Closed from: [ ] day.month.year
  - Reopens: [ ] day.month.year

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**Supervisor’s statement**

This information is required under section 12 of the Social Security Act 1964.

The statements and answers I have given are true and complete.

Supervisor’s name (print) [ ]

Supervisor’s signature [ ]

Day Month Year