TE HIRANGA TANGATA



This form needs to be completed by the childcare service supervisor.

The information you provide helps us determine if the applicant is eligible for the Childcare Subsidy. The information is also required under section 298 of the Social Security Act 2018.

For more information about providing childcare services go to **workandincome.govt.nz/providers/childcare-assistance**

Client details		number niddle name	S			Surnar	ne or family	name				
	Client's da	ate of birth	Day	Month	Year							
Childcare 1 service details	What is	the name	ofyou	ır childo	care ser	vice p	rogramm	ie?				
Service details												
2	What is	What is your Work and Income childcare service provider number?										
3	What ar	e your org	ganisa	tion's c	ontact c	letails	?					
	Workph	one	()								
	Mobile p		()								
	Email			,								
ECE you can't charge a fee for those hours unless you're a home-based educator and charge a top-up fee.	No Do you No	Yes	olding	orabse	ence fee	?						
HOW TO ANSWER Q6:	Please p	provide de	etails o	of the ca	re for e	ach ch	ild.					
Please tell us your	Child 1	Full name										
fee after you've applied any discount but before any Work and Income		are start date Month	e Year	20 Da	Hours EC (if appli	icable)	late ⁄ear	. (p fee start if applicable) Month			
subsidy is applied. The Childcare Subsidy					, 							
can't be used for					_							
donations or optional charges, but can be used	Enrolme	ent times		Mon	Tue	Wed	Thu	Fri	Sat	Sun		
for the top-up fee.	Enrolled	hours								<u> </u>		
INFORMATION FOR Q6:	ECE hou	irs used (if app	licable)									
Where we say ECE in this question we mean	Type of c	Type of childcare Childcare provider Home-based										
		rs each week	<									
20 Hours ECE.												
20 Hours ECE.	ECE top-	up fee charge	ed to car	regiver pe	r hour				\$			

	re start date Month Year	Dav		icable)	date Year	. (up fee start (if applicable) Month	date Yea
Enrolme	nt times	Mon	Tue	Wed	Thu	Fri	Sat	S
Enrolled	hours							
ECE hour	rs used (if applicable)							
Type of cl	hildcare				Childcare	provider	Home-ba	sed
Total hour	rs each week							
ECE top-u	up fee charged to ca	aregiver pe	er hour				\$	
Total weekly fee charged to caregiver (don't include ECE)						\$		
Child 3 Ca	Full name re start date Month Year) Hours EC (if appl	CE start (icable)	\$ date Year	. (\$ up fee start (if applicable) Month	
Child 3 Ca Day	Full name re start date Month Year	20 Da) Hours EC (if appl y Mont	CE start (icable) h	date Year	Day	up fee start (íf applicable) Month	Yea
Child 3 Ca	Full name re start date Month Year	20) Hours EC (if appl	CE start (icable)	date Year	. (ip fee start (if applicable)	Yea
Child 3 Ca Day M Enrolme Enrolled b	Full name re start date Month Year	20 Da) Hours EC (if appl y Mont	CE start (icable) h	date Year	Day	up fee start (íf applicable) Month	date Yea
Child 3 Ca Day M Enrolme Enrolled b	Full name re start date Month Year month Year mont times hours rs used (if applicable)	20 Da) Hours EC (if appl y Mont	CE start (icable) h	date Year	Fri	up fee start (íf applicable) Month	Yea
Child 3 Cai Day P Enrolme Enrolled H ECE hour Type of cl	Full name re start date Month Year month Year mont times hours rs used (if applicable)	20 Da) Hours EC (if appl y Mont	CE start (icable) h	date Year (Thu	Fri	up fee start (if applicable) Month	Yea
Child 3 Cai Day M Enrolme Enrolled H ECE hour Type of cl Total hour	Full name re start date Month Year int times hours rs used (if applicable) hildcare	2C Da) Hours EC (if appl y Mont Tue	CE start (icable) h	date Year (Thu	Fri	up fee start (if applicable) Month	Yea

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)

Supervisor's signature

Day Month Year