

OSCAR Network

*Enriching children’s play*

*Te haamaitai i tākaro o ngā tamariki*

**OSCAR PROGRAMME SURVEY (Please tick or write an answer)**

**1.** **How many children do you have at School?**

What ages are they? 5 6 7 8 9 10 11 12/13

**2.** **Would you use an After/Before School Programme if one was established?** Yes/No

**3.** **Which days would you like to use it?** Mon Tues Wed Thurs Fri

**4. What hours would suit you best?** 3-5pm 3-5.30pm 3-6pm Other\_\_\_\_\_\_\_\_

**5.** **Would you use a before school programme?** Yes No

**6**. **How many children would attend?** *(Please circle)*

What ages are they? 5 6 7 8 9 10 11 12 13

**7.** **Why would your children attend an After School Programme?** *(Tick as many boxes as apply)*

Parent(s) employed during OSCAR time

Parent(s) in training or studying

Child would enjoy attending

Other reasons (e.g. referral, ill health, children’s friends attend, fun)

**8**. **Do you know that there is an OSCAR subsidy\* to help some families pay the fees?**

Yes No

\* If your family is eligible you could receive a subsidy for up to 20 hours a week for an after school programme (up to 50 hours for a school holiday programme). To find out more phone **0800 559 009 or** <http://www.workandincome.govt.nz/individuals/how-to/how-to-apply-for-and-manage-your-childcare-assistance.html>

**Please give your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Thank you very much for your participation.***

*Please return the completed questionnaire by to the school office.*

*If there is enough interest in this plan we may be able to get an OSCAR Programme up and running*