

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE CUM SUBSIDY APPLICATION

- This form will take 10 – 15 minutes to complete.**
- You will need the following documents:**
 - Child's Birth Certificate/ Passport No.
 - NRIC/ Passport No. and employment details of Mother / Single Father / Guardian
- This application form is both an enrolment and application for childcare subsidies. If you do not wish to apply for Additional Subsidy, the relevant sections (except for Section VII and VIII) still need to be filled**
- The eligibility criteria for Additional Subsidy are as follows:**
 - Child is a Singapore Citizen
 - Main applicant is working 56 hours or more per month
 - Gross monthly household income (HHI)¹ does not exceed \$7,500 or Per Capita Income (PCI)² does not exceed \$1,875
- If there are 5 or more family members in your household including more than 2 dependents³, you may wish to apply for the Additional Subsidy based on your family's PCI for larger households**

SECTION I APPLICATION FOR ADDITIONAL SUBSIDY

- ☐ I wish to apply for Additional Subsidy via the following (please tick only one)
- ☐ Household income (HHI) - (Please complete all Sections except for Section VIII)
 - ☐ Per Capita Income (PCI) - (Please complete all Sections)
- ☐ I **do not**⁴ wish to apply for Additional Subsidy (Please continue to complete all Sections except for Sections VII and VIII)

SECTION II CENTRE DETAILS

Centre Name:		
Centre Address:		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION III ENROLMENT DETAILS

Admission Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
Type of Care Programme:	<input type="checkbox"/> Infant	<input type="checkbox"/> Child	<input type="checkbox"/> Student Care Service
	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half-Day (AM)	<input type="checkbox"/> AM
	<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Half-Day (PM)	<input type="checkbox"/> PM
	<input type="checkbox"/> Flexi Care 1 - 12 hours to 24 hours per week		
	<input type="checkbox"/> Flexi Care 3 - Above 36 hours to 48 hours per week		
Fee Paid for the Enrolment Month: (To be filled by centre)	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 2 weeks Fee <input type="checkbox"/> No Fee / Free Trial / Pro-rate fee less than 2 weeks (not entitled to subsidy) <input type="checkbox"/> No Fee (supported by Family Service Centre / Community Development Council)		

¹ Applicants who are salaried employees, your monthly household income will be based on the average monthly income received over the last available 12 month period, including bonuses and allowances. For salaried employees, we will check with CPF on your income details upon your consent.

² Per Capita Income (PCI) = $\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$

³ Dependents refer to persons living in the same household as the main applicant, related by blood and who are not earning an income.

⁴ If you subsequently apply and are eligible, Additional Subsidy will only be disbursed from the time your application is approved

SECTION IV CHILD'S PARTICULARS			
Name as in Birth Certificate / Passport:			
Birth Certificate / FIN / Passport No.:		Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____		
Is Child currently also enrolled in another centre ⁵ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please state the Programme Type enrolled: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day (AM) <input type="checkbox"/> Half Day(PM) <input type="checkbox"/> Flexi 1/3 <input type="checkbox"/> Student Care Services		
SECTION V MOTHER / SINGLE FATHER / GUARDIAN'S PARTICULARS			
Name as in NRIC / FIN / Passport:			
NRIC / FIN / Passport No.:		Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____		
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____		
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> MSF Foster Mother <input type="checkbox"/> Head, Children Home <input type="checkbox"/> Others _____		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Residential Address			
Block No.:	_____	Floor No.:	_____
Building Name:	_____		
Street Name:	_____	Postal Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Handphone No.:	_____	Home Tel No.:	_____
Email Address:	_____		
Working Status:	<input type="checkbox"/> Working 56 hrs or more per month ⁶ <input type="checkbox"/> On no-pay leave <input type="checkbox"/> Working less than 56 hrs per month <input type="checkbox"/> Not working		
IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:			
Company Name:	_____		
Commencement Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		

⁵ This information is for centres to advise parents on eligible programme type if child is enrolled in another programme at a different centre.

⁶ Inclusive of self-employed, working from home, project basis etc.

Company Address		<input type="checkbox"/> Local	<input type="checkbox"/> Overseas
Block No:	_____	Floor No.:	_____
Building Name:	_____		
Street Name:	_____	Postal Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Office Tel No.:	_____		

SECTION VI SPOUSE'S PARTICULARS

Name as in NRIC / FIN / Passport:	_____		
NRIC / FIN / Passport No.:	_____	Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Singapore Permanent Resident	<input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Handphone No.:	_____	Email Address:	_____
Working Status:	<input type="checkbox"/> Working	<input type="checkbox"/> Not Working	

SECTION VII DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT (MOTHER / SINGLE FATHER) AND SPOUSE**NOTE**

- For a parent who is a salaried employee receiving CPF contribution, we will check with the CPF Board on your gross monthly income. Gross monthly income is based on the average monthly income received over the last available 12 month period, including bonuses and allowances.
- For a parent who is self-employed, he/she will need to declare the gross monthly income based on the latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS). If the Notice of Assessment is not available, he/she is required to submit a Statutory Declaration (using the template provided by the childcare centre) on the details of his/her trade/business/profession/vocation and the gross monthly income derived from the trade/business/profession/vocation.

Items	Applicant		Applicant's spouse	
Do you work ≥ 56 hours/month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is your spouse working?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salaried employees				
(a) Are you a salaried employee who receives monthly CPF contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Did you only start your current employment in the past 2 months prior to this application? (Please declare your income in the space below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration of gross monthly income for those who only started work in the past 2 months prior to this application	\$_____ .00		\$_____ .00	
Self-employed persons				
(c) Are you a self-employed person? (Please declare your income in the space below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration of gross monthly income for self-employed persons				
Self-employed persons are required to provide supporting documents (e.g. latest Notice of Assessment from IRAS) to verify their working status and earnings. Otherwise a Statutory Declaration (SD) is required.	\$_____ .00		\$_____ .00	

SECTION VIII APPLICATION FOR ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)

(Please attach copies of the family members' NRIC or BC)

Note

For salaried employee, we will be retrieving your income data from the CPF Board.

For family members who have just started working within the last 2 months or are salaried employee without CPF contributions or self-employed person, please declare gross monthly income below:

	Name of Family Members	NRIC/ BC No.	Date of Birth	Relationship with child	Gross Monthly Income
1					
2					
3					
4					
5					
6					
7					
8					

SECTION IX DECLARATION BY MAIN APPLICANT (MOTHER/SINGLE FATHER/GUARDIAN) & SPOUSE

- I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the infant/child care subsidy.
- I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in 2.1 to 2.4 below, at any time from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining or subsequently verifying my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
 - The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years.
 - The Central Provident Fund Board (the "CPF Board") disclosing the contributions submitted by my/our employer(s) for the period of 12 months preceding the date of request for information by ECDA and any information that can be derived from those contributions.
 - The Immigration and Checkpoints Authority (the "ICA") disclosing the particulars of the child, the applicant and/or family member(s) who are included in this application form.
 - The Registry of Marriages or the Registry of Muslim Marriages and other relevant agencies disclosing the information related to my/our marital status.
- I/We also understand that any part of this application improperly completed may lead to the rejection of the application for subsidies.
- I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true. Should there be any change in my/our gross monthly income from what is declared in this application form, I/we will update the child care centre at the earliest.
- I/We hereby consent to ECDA releasing my/our particulars and those of my/our child/children/ family member(s) included in this application to:-
 - The Immigration and Checkpoints Authority (ICA) and Registry of Marriages (ROM) or Registry of Muslim Marriages (ROMM) for the purpose of verifying my/our eligibility for the infant/child care subsidies for which I/we have applied;
 - Health Promotion Board (HPB) for the purpose of my/our child/ children being screened under the health programmes of HPB; or
 - Such other agencies for the verification of my/our eligibility for other schemes and benefits for which I/we have applied or may be eligible.
- I/We also consent to ECDA using my/our particulars and those of my/our child/children/family member(s) included in this application for data analysis and policy making.
- I/We understand that the agencies will keep my/our particulars and those of my child/children strictly confidential.

Main Applicant

	If the main applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant.
(Signature of main applicant)	(Signature of parent/guardian of main applicant)
Name: _____	Relationship to main applicant: _____
Name: _____	Name: _____
NRIC: _____	NRIC: _____
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Main Applicant's Spouse

	If the main applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant's spouse.
(Signature of main applicant's spouse)	(Signature of parent/guardian of main applicant's spouse)
Name: _____	Relationship to main applicant's spouse: _____
Name: _____	Name: _____
NRIC: _____	NRIC: _____
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Family Members (For PCI application only)

Name	Name	Name	Name
NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.
Signature	Signature	Signature	Signature
Date	Date	Date	Date
Name	Name	Name	Name
NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.
Signature	Signature	Signature	Signature
Date	Date	Date	Date

SECTION X VERIFICATION / DECLARATION BY CHILD CARE CENTRE

I have verified the following documents and retained a copy at centre for record purposes:

(Please tick where applicable)

- ☐ Child's birth certificate/FIN/passport
- ☐ Main applicant / Spouse's NRIC /FIN/passport
- ☐ Latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS) or a Statutory Declaration (for those who do not have the Notice of Assessment) from the Applicant and/or Applicant's Spouse who is self-employed

I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Infant / Childcare Centre

Centre Code

Contact No.

Name / Designation of CCC Personnel

Signature

/ /

Date (dd/mm/yyyy)

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR SPECIAL APPEAL

- **This form will take 5 minutes to complete.**
- **You will need the following information:**
 - Child's Birth Certificate/ Passport No.
 - NRIC/ Passport No. of Mother / Single Father / Guardian
 - Supporting documents for special appeal
- **Please complete Form 1 and submit it together with this form. Please note that Section VIII of Form 1 is not applicable if you have less than 5 family members in your household.**

SECTION I CHILD'S PARTICULARS

Name of Child (as in Birth Certificate):	Singapore BC No.:
Special Approval with effect from: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm/yyyy)	Period of Subsidy: <input type="text"/> <input type="text"/> Month(s)

SECTION II REASONS AND SUPPORTING DOCUMENTS FOR SPECIAL APPEAL (Please tick appropriate box)

Reasons for Appeal	Supporting Documents Submitted	Additional Subsidy
<input type="checkbox"/> Main applicant is medically unfit to work due to long-term illnesses and permanent disability	<input type="checkbox"/> Medical certification or report from doctor	<input type="checkbox"/>
<input type="checkbox"/> Main applicant is on course (for 56 hrs or more per month)	<input type="checkbox"/> Course confirmation letter stating course title, duration and timetable	<input type="checkbox"/>
<input type="checkbox"/> Main applicant is on unpaid leave or resigns to care for special needs child or sick family member	<input type="checkbox"/> Unpaid leave approval letter from employer; letter of resignation; medical certification or report from doctor; Statutory Declaration as primary care-giver stating care arrangement and relationship	<input type="checkbox"/>
<input type="checkbox"/> Main applicant is retrenched and looking for a new job / Looking for job	<input type="checkbox"/> Retrenchment letter from employer; job application or registration with employment agency or CDC	<input type="checkbox"/>
<input type="checkbox"/> Child is a Singapore Citizen and is adopted by Singapore Permanent Resident (SPR)/ Foreign Parent	<input type="checkbox"/> Adoption Document	<input type="checkbox"/>
<input type="checkbox"/> Child is above 7 years old and attending childcare programme due to a deferment of primary education by the Ministry of Education(MOE)	<input type="checkbox"/> Deferment letter from MOE/ Psychological report/ Certification letter from a doctor	<input type="checkbox"/>
<input type="checkbox"/> Child is under the care of Guardian / Grandparents / MFS Foster Mother / Children Homes	<input type="checkbox"/> Referral from Child Protection; Letter from Children Homes; Court Order; Police Report for missing parents; Death Certificates of Parents; Letter from prison, drug rehabilitation centres and other penal institutions with EDR	Not applicable
<input type="checkbox"/> Others (please specify) _____ _____	<input type="checkbox"/> Other Supporting Documents (please specify) _____ _____	<input type="checkbox"/> Subject to ECDA approval

SECTION IV DECLARATION BY MAIN APPLICANT

I am aware that the information provided in this application will be given to and used by the Government to determine my eligibility for the infant/child care subsidy. I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Main Applicant

NRIC /FIN /Passport No.

Signature

/ /
Date (dd/mm/yyyy)

SECTION V DECLARATION BY CHILD CARE CENTRE

I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Infant / Childcare Centre

Centre Code

Contact No.

Name / Designation of CCC Personnel

Signature

/ /
Date (dd/mm/yyyy)

Child Care Centre Personnel:

Please submit a certified true copy of supporting documents within 3 working days to Subsidy Officer-in-charge:

Early Childhood Development Agency
51 Cuppage Road
#08-01
Singapore 229469

EARLY CHILDHOOD DEVELOPMENT AGENCY

NOTIFICATION OF CHANGES

- **This form will take 10 – 15 minutes to complete.**
- You will require the following information:
 - Child's Birth Certificate / Passport No.
 - NRIC/ Passport No. and employment details of Mother / Single Father / Guardian
 - Family members' NRIC/ Passport No. (For application of Additional Subsidy by PCI)
- SECTION I TO V To be completed by main applicant and/or spouse
- SECTION VI TO VII To be completed by child care centre
- **Please complete Form 1 and submit it together with this form if working status of the main applicant is updated from non-working to working.**

SECTION I CHILD'S PARTICULARS

Name of Child (as in Birth Certificate / Passport):

Singapore BC / Passport No.:

SECTION II CHANGE IN WORKING STATUS AND / OR HOUSEHOLD INCOME (Tick appropriate box)

☐ SECTION II (A) CHANGE IN MAIN APPLICANT'S WORKING STATUS

Note: Working for less than 56 hours per month is considered as **Non-Working**.

Change in working status / details:

☐ Employment details wef: / / (dd/mm/yyyy)

☐ Working to Non-Working wef: / / (dd/mm/yyyy)

☐ Non-Working to Working wef: / / (dd/mm/yyyy)

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name:

Commencement Date: / / (dd/mm/yyyy)

Company Address

☐ Local

☐ Overseas

Block No.:

Floor No.:

Unit No.:

Building Name:

Street Name:

Postal Code:

Office Tel No.:

☐ SECTION II(B) CHANGE IN SPOUSE'S WORKING STATUS

Change in spouse's working status from:

☐ Working to Non-Working wef: / / (dd/mm/yyyy)

☐ Non-Working to Working wef: / / (dd/mm/yyyy)

Office Tel No.:

Handphone No.:

☐ SECTION II(C) CHANGE IN MONTHLY INCOME OF MAIN APPLICANT

(New) Declared Income:

\$ _____ .00

Effective Date:

/ / (dd/mm/yyyy)

☐ **SECTION II(D) CHANGE IN MONTHLY INCOME OF SPOUSE**

(New) Declared Income:	\$ _____ .00
Effective Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)

SECTION III CHANGE IN NATIONALITY (CHILD/ MAIN APPLICANT/ SPOUSE)
 (Supporting documents e.g. Certificate of Citizenship / Passport are required)

Change in nationality from Singapore Permanent Resident to Singapore Citizen for:

Effective Date of Change:

- | | |
|---|---|
| <input type="checkbox"/> Child | <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) |
| <input type="checkbox"/> Main Applicant | <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) |
| <input type="checkbox"/> Spouse | <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) |

SECTION IV CHANGE IN PROGRAMME TYPE AND PROGRAMME FEE

Effective Date of New Programme: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	
From: * Infant / Child (*Please delete where applicable): <input type="checkbox"/> Full Day <input type="checkbox"/> Half-Day (AM) <input type="checkbox"/> Half-Day (PM) <input type="checkbox"/> Flexi Care 1 - 12 hrs to 24 hrs per week <input type="checkbox"/> Flexi Care 2 - Above 24 hrs to 36 hrs per week <input type="checkbox"/> Flexi Care 3 - Above 36 hrs to 48 hrs per week <input type="checkbox"/> Flexi Care 4 - Above 48 hrs per week <input type="checkbox"/> Student Care (AM) <input type="checkbox"/> Student Care (PM) <input type="checkbox"/> Emergency Care	To: * Infant / Child (*Please delete where applicable): <input type="checkbox"/> Full Day <input type="checkbox"/> Half-Day (AM) <input type="checkbox"/> Half-Day (PM) <input type="checkbox"/> Flexi Care 1 - 12 hrs to 24 hrs per week <input type="checkbox"/> Flexi Care 3 - Above 36 hrs to 48 hrs per week <input type="checkbox"/> Student Care (AM) <input type="checkbox"/> Student Care (PM) <input type="checkbox"/> Emergency Care
Gross Monthly New Programme Fee: (Includes GST and centre's discount if any)	
\$ <input type="text"/> . <input type="text"/>	

SECTION V DECLARATION BY MAIN APPLICANT AND / OR SPOUSE

I am aware that the information provided in this application will be given to and used by the Government to determine my eligibility for the infant/child care subsidy. I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

_____ Name of Main Applicant	_____ NRIC/ FIN/ Passport No.	_____ Signature	<input type="text"/> / <input type="text"/> / <input type="text"/> Date (dd/mm/yyyy)
_____ Name of Spouse (Where applicable)	_____ NRIC/ FIN/ Passport No.	_____ Signature	<input type="text"/> / <input type="text"/> / <input type="text"/> Date (dd/mm/yyyy)

SECTION VI CHANGE IN ADMISSION DATE		
NEW Admission Date:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-left: 10px;">(dd/mm/yyyy)</div>	
Reason for Change:		
SECTION VII DECLARATION BY CHILD CARE CENTRE		
Subsidy with effect month for any of the above change:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-left: 10px;">(mm/yyyy)</div>	
<p>I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].</p> <p>I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.</p>		
<div style="border-bottom: 1px solid black; width: 100%;"></div> Name of Infant / Childcare Centre	<div style="border-bottom: 1px solid black; width: 100%;"></div> Centre Code	<div style="border-bottom: 1px solid black; width: 100%;"></div> Contact No.
<div style="border-bottom: 1px solid black; width: 100%;"></div> Name / Designation of CCC Personnel	<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-top: 5px;">Date (dd/mm/yyyy)</div>
<p>Child Care Centre Personnel:</p> <p>Please submit a certified true copy of supporting documents within <u>3 working days</u> to Subsidy Officer-in- charge:</p> <p>Early Childhood Development Agency (ECDA) 51 Cuppage Road #08-01 Singapore 229469</p>		

EARLY CHILDHOOD DEVELOPMENT AGENCY

CHANGE OF SUBSIDY APPLICANT

- **This form will take 10 - 15 minutes to complete**
- **You will need the following information:**
 - Child's Birth Certificate / Passport No.
 - NRIC/ Passport No. and employment details of Mother / Single Father / Guardian
- **Please complete Form 1 and submit it together with this form to the centre personnel**

SECTION I CHILD'S PARTICULARS

Name of Child (as in Birth Certificate):	Singapore BC No.:
Name of Main Applicant (as in NRIC / FIN / Passport):	NRIC / FIN / Passport No.:

SECTION II CHANGE OF SUBSIDY APPLICANT

Please tick the appropriate box and fill in the effective date:

- ☐ From main applicant to **spouse** (E.g. to father)
- ☐ From main applicant to **others** (E.g. to step-mother, grandparent or guardian)

Reason for Change: _____

Effective Date: / / (dd/mm/yyyy)

SECTION III NEW MAIN APPLICANT'S PARTICULARS (MOTHER / SINGLE FATHER / GUARDIAN)

Name as in NRIC / FIN / Passport:			
NRIC / FIN / Passport No.:		Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Singapore Permanent Resident	<input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather
	<input type="checkbox"/> MSF Foster Mother ¹	<input type="checkbox"/> Head, Children Home ²	<input type="checkbox"/> Others _____
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Residential Address

Block No.: _____ Floor No.: _____ Unit No.: _____

Building Name: _____

Street Name: _____ Postal Code:

Handphone No.:		Home Tel No.:	
Email Address:			
Working Status:	<input type="checkbox"/> Working 56 hrs or more per month ²	<input type="checkbox"/> On no-pay leave	
	<input type="checkbox"/> Working less than 56 hrs per month ²	<input type="checkbox"/> Not working	

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name:	
Commencement Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)

¹ MSF foster mothers & Head of Children Home need not complete Section IV.

² Inclusive of self-employed, working from home, project basis etc.

Company Address	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas	
Block No.:	_____	Floor No.:	_____ Unit No.: _____
Building Name:	_____		
Street Name:	_____	Postal Code:	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
Office Tel No.:	_____		

SECTION IV SPOUSE'S PARTICULARS	
Name as in NRIC / FIN / Passport:	_____
NRIC / FIN / Passport No.:	_____ Date of Birth: <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Handphone No.:	_____ Email Address: _____
Working Status:	<input type="checkbox"/> Working <input type="checkbox"/> Not working

SECTION V DECLARATION BY <u>NEW</u> MAIN APPLICANT (MOTHER / SINGLE FATHER / GUARDIAN)	
<p>I am aware that the information provided in this application will be given to and used by the Government to determine my eligibility for the infant/child care subsidy. I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.</p>	
_____ Name of New Main Applicant	_____ NRIC / FIN / Passport No.
_____ Signature	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> Date (dd/mm/yyyy)

SECTION VI DECLARATION BY CHILD CARE CENTRE	
Subsidy with effect month:	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> (mm/yyyy)
<p>I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].</p> <p>I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.</p>	
_____ Name of Infant / Childcare Centre	_____ Centre Code
_____ Name / Designation of CCC Personnel	_____ Signature
	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> Date (dd/mm/yyyy)

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR WITHDRAWAL FROM CHILDCARE CENTRE / SUBSIDY

<p>This form will take 5 minutes to complete. You will need the following information:</p> <ul style="list-style-type: none"> • Child's Birth Certificate/ Passport No. • NRIC/ Passport No. of Mother / Single Father / Guardian 			
SECTION I ENROLMENT DETAILS			
Name of Child (as in Birth Certificate / Passport):			Singapore BC / Passport No.:
Current Care Programme Type:	<input type="checkbox"/> Infant Care		<input type="checkbox"/> Child Care
	<input type="checkbox"/> Full Day <input type="checkbox"/> Half-Day (AM) <input type="checkbox"/> Half-Day (PM) <input type="checkbox"/> Flexi Care 1 - 12 hours to 24 hours per week <input type="checkbox"/> Flexi Care 2 - Above 24 hours to 36 hours per week <input type="checkbox"/> Flexi Care 3 - Above 36 hours to 48 hours per week <input type="checkbox"/> Flexi Care 4 - Above 48 hours per week <input type="checkbox"/> Emergency Care		<input type="checkbox"/> Student Care Service <input type="checkbox"/> AM <input type="checkbox"/> PM
SECTION II WITHDRAWAL FROM INFANT / CHILD CARE CENTRE			
Child's <u>last day</u> of attendance in centre:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">(dd/mm/yyyy)</div> </div>		
Reason for withdrawal:			
Fee paid for <u>last month</u> of attendance:	<input type="checkbox"/> Full month fee <input type="checkbox"/> Pro-rate 2 weeks fees <input type="checkbox"/> No fee / Free Trial / Pro-rated fees less than 2 weeks <input type="checkbox"/> No fee (Supported by Family Service Centre / Child Protection Service)		
One month notice given:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION III TEMPORARY WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR <u>ONE</u> MONTH)			
Reason for Temporary Withdrawal: <input type="checkbox"/> Child is on vacation <input type="checkbox"/> Child is not medically fit to attend centre <input type="checkbox"/> Keeping child at home due to infectious disease outbreak (e.g. HFMD) <input type="checkbox"/> Mother is on maternity leave and will care for child <input type="checkbox"/> Interim / temporary alternative care for child <input type="checkbox"/> Other reasons (please specify) : _____			
Subsidy Withdrawal Month:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">(mm/yyyy)</div> </div>		
Attendance for the month:	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>(Note: The child must attend the centre for at least one day per month to be eligible for the subsidy)</p>		
Fee Paid for <u>Temporary Withdrawal Month</u> :	<input type="checkbox"/> Full month fee <input type="checkbox"/> Pro-rate 2 weeks fees <input type="checkbox"/> No fee / Free Trial / Pro-rated fees less than 2 weeks <input type="checkbox"/> No fee (Supported by FSC / Child Protection Service)		

SECTION IV WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR <u>MORE THAN ONE MONTH</u>)	
Withdrawal with effect month:	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">/</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">(mm/yyyy)</div>
Reason(s) for withdrawal:	
SECTION V DECLARATION BY MAIN APPLICANT	
<p>I am aware that the information provided in this application will be given to and used by the Government to determine my eligibility for the infant/child care subsidy. I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true.</p>	
<div style="border-bottom: 1px solid black; width: 100%;"></div> Name of Main Applicant	<div style="border-bottom: 1px solid black; width: 100%;"></div> NRIC / FIN / Passport No.
<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">/</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">/</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">Date (dd/mm/yyyy)</div>
SECTION VI DECLARATION BY CHILD CARE CENTRE	
<p>I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].</p> <p>I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.</p>	
<div style="border-bottom: 1px solid black; width: 100%;"></div> Name of Infant / Childcare Centre	<div style="border-bottom: 1px solid black; width: 100%;"></div> Centre Code
<div style="border-bottom: 1px solid black; width: 100%;"></div> Contact No.	
<div style="border-bottom: 1px solid black; width: 100%;"></div> Name / Designation of CCC Personnel	<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature
<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">/</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;"> </div> <div style="display: inline-block; vertical-align: middle;">Date (dd/mm/yyyy)</div>	

EARLY CHILDHOOD DEVELOPMENT AGENCY

ANNUAL DECLARATION OF WORKING STATUS BY SUBSIDY APPLICANT(S)

This form will take 10 minutes to complete.

- Kindly complete all fields and indicate 'NIL' if your particulars remain unchanged.
- If you are receiving Additional Subsidy, please complete Section IV

SECTION I CHILD'S PARTICULARS

Name of Child (as in Birth Certificate / Passport):	Singapore BC No. :
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SECTION II MAIN APPLICANT'S PARTICULARS (MOTHER / SINGLE FATHER / GUARDIAN)

Name as in NRIC / FIN / Passport:	NRIC / FIN / Passport No. :
-----------------------------------	-----------------------------

Working Status:	<input type="checkbox"/> Salaried Employee	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> No Pay leave	<input type="checkbox"/> Not Working
	If you are a Salaried employee OR Self-employed, select below			
	<input type="checkbox"/> Working less than 56 hrs per month	<input type="checkbox"/> Working 56 hrs or more per month		

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name:	
---------------	--

Commencement Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
--------------------	---

Company Address	<input type="checkbox"/> Local <input type="checkbox"/> Overseas
Block No.:	_____ Floor No.: _____ Unit No.: _____
Building Name:	_____
Street Name:	_____ Postal Code: <input type="text"/>

Occupation:	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.)	<input type="checkbox"/> Service & Sales Workers
	<input type="checkbox"/> Executives & Managers	<input type="checkbox"/> Public Service	<input type="checkbox"/> Technicians & Associate Professionals
	<input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Others _____	

Office Tel No.:		Handphone No:	
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SECTION III SPOUSE'S PARTICULARS

Name as in NRIC / FIN / Passport:	NRIC / FIN / Passport No.:
-----------------------------------	----------------------------

Working Status:	<input type="checkbox"/> Working	<input type="checkbox"/> Not Working	<input type="checkbox"/> Self-Employed
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Occupation:	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.)	<input type="checkbox"/> Service & Sales Workers
	<input type="checkbox"/> Executives & Managers	<input type="checkbox"/> Public Service	<input type="checkbox"/> Technicians & Associate Professionals
	<input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Others _____	

Office Tel No.:		Handphone No:	
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SECTION IV DECLARATION OF HOUSEHOLD INCOME
(Only for applicant who is receiving Additional Subsidy)

- ☐ **No Change in Household income and the amount is \$7,500 and Per Capita Income (PCI) of \$1,875 and below**
- ☐ **Household income has changed since the last application for Additional Subsidy***
**Please complete Form 3 to notify change*

SECTION V DECLARATION BY MAIN APPLICANT AND / OR SPOUSE

I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true.

_____ Name of Main Applicant	_____ NRIC / FIN / Passport No.	_____ Signature	[] [] / [] [] / [] [] [] [] Date (dd/mm/yyyy)
_____ Name of Spouse (Where applicable)	_____ NRIC / FIN / Passport No.	_____ Signature	[] [] / [] [] / [] [] [] [] Date (dd/mm/yyyy)

SECTION VI DECLARATION BY CHILD CARE CENTRE

I am aware that our centre shall keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true.

_____ Name of Infant / Childcare Centre	_____ Centre Code	_____ Contact No.
_____ Name / Designation of CCC Personnel	_____ Signature	[] [] / [] [] / [] [] [] [] Date (dd/mm/yyyy)



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR START-UP GRANT AND/OR FINANCIAL ASSISTANCE

This form is to be completed by the Child Care Centre. Please complete this form if the Applicant's gross monthly household income is \$3,500 or less.

ENROLMENT DETAILS

Name as in Birth Certificate:

Birth Certificate No.:

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SECTION I APPLICATION FOR START-UP GRANT (SUG) FOR FIRST TIME APPLICANTS

1. Registration fee	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
2. Deposit (equivalent to one month's fee)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
3. School uniform/physical education attire (capped at 3 days' requirement)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
4. Insurance (one-off annually)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
5. Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
Total amount paid will be capped at \$1,000 (excl. GST)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>

SECTION II APPLICATION FOR FINANCIAL ASSISTANCE

SECTION II(A): IF REFERRED BY AGENCY	Referral by (please tick one): <input type="checkbox"/> FSC/ Specialised Centre <input type="checkbox"/> CDC <input type="checkbox"/> MSF	Name of Agency:								
		Name of social worker:								
		Email Address:								
		Co-Payment:	\$	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table> per month						
		Start-up Grant:	\$	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table> No. of previously received Start-up Grant: <table border="1"><tr><td></td></tr></table>						
Start Date:	<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> (mm/yyyy)									
Period:	<table border="1"><tr><td></td><td></td></tr></table> Month(s)									

SECTION II(B): IF SELF REFERRED (Please tick relevant boxes and attach documents to support case.)	<input type="checkbox"/> Parent(s) seeking employment	<input type="checkbox"/> High cost of caring for sick / disabled dependent
	<input type="checkbox"/> Parent(s) medically unfit for work	<input type="checkbox"/> Caring for relative's child
	<input type="checkbox"/> Parent(s) unable to work due to care giving duties	<input type="checkbox"/> Parent(s) incarcerated
	<input type="checkbox"/> Parent(s) attending full time course	<input type="checkbox"/> Child residing in MSF children's home
	<input type="checkbox"/> Single / divorced / widowed parent	
	<input type="checkbox"/> Others (please specify): _____	

SECTION III DECLARATION BY MAIN APPLICANT AND / OR SPOUSE

1. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true.
2. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Main Applicant as in NRIC/ FIN/ Passport

Signature

□□ / □□ / □□□□
Date (dd/mm/yyyy)

Name of Spouse as in NRIC/ FIN/ Passport
(Where applicable)

Signature

□□ / □□ / □□□□
Date (dd/mm/yyyy)

SECTION IV DECLARATION BY CHILD CARE CENTRE

1. I am aware that our centre need to keep the children's / parents' records strictly confidential.
2. I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Infant / Childcare Centre

Centre Code

Contact No.

Name / Designation of CCC Personnel

Signature

□□ / □□ / □□□□
Date (dd/mm/yyyy)

Child Care Centre Personnel:

Please submit a certified true copy of supporting documents **from Section I** within **3 working days** to Officer-In-Charge via email at: MSF_Comcare_ChildcareSubsidy@msf.gov.sg or via fax at: (65) 6251 3675.