

**EARLY CHILDHOOD DEVELOPMENT AGENCY**

**APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE**

<p><b>This form will take 10 – 15 minutes to complete.</b>  <b>You will need the following information:</b></p> <ul style="list-style-type: none"> <li>• <b>Child's Birth Certificate/ Passport No.</b></li> <li>• <b>NRIC/ Passport No. and employment details of Mother / Single Father / Guardian</b></li> </ul>		
<b>SECTION I CENTRE DETAILS</b>		
Centre Name:		
Centre Address:		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>SECTION II ENROLMENT DETAILS</b>		
Admission Date <sup>1</sup> :	<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"/> <b>Infant</b>	<input type="checkbox"/> <b>Child</b>
	<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	
Fee Paid for the Enrolment Month:	<input type="checkbox"/> <b>Student Care Service</b>	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Fee Paid for the Enrolment Month:	<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)	
<b>SECTION III CHILD'S PARTICULARS</b>		
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 enrolled in another centre <sup>2</sup> ?	<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 1/2/3/4 <input type="checkbox"/> Student Care Services	
<b>SECTION IV MOTHER / SINGLE FATHER / GUARDIAN'S PARTICULARS</b>		
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)	

<sup>1</sup> Centres are required to provide a trial period of at least 2 weeks for new enrolments.

<sup>2</sup> This information is for centres to advise parents on eligible programme type if child is enrolled in another centre.

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 <sup>3</sup>	<input type="checkbox"/> Head, Children Home <sup>3</sup>	<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
<b>Residential Address</b>			
Block No.:	_____	Floor No.:	_____ Unit 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"/>
Housing Type:	<input type="checkbox"/> HDB 1 room	<input type="checkbox"/> HDB 2 room	<input type="checkbox"/> HDB 3 room <input type="checkbox"/> HDB 4 room
	<input type="checkbox"/> HDB 5 room & Larger Flats	<input type="checkbox"/> Condominium, Private Flats & Landed	
Handphone No.:	_____	Home Tel No.:	_____
Email Address:	_____		
Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> Primary Education	<input type="checkbox"/> Secondary (General)
	<input type="checkbox"/> Secondary (Vocational)	<input type="checkbox"/> Junior College/ Centralised Institute	<input type="checkbox"/> Polytechnic Diploma
	<input type="checkbox"/> University Degree	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others _____
Working Status:	<input type="checkbox"/> Working 56 hrs or more per month <sup>4</sup>	<input type="checkbox"/> On no-pay leave	
	<input type="checkbox"/> Working less than 56 hrs per month <sup>3</sup>	<input type="checkbox"/> Not working	
<b>IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:</b>			
Company Name:	_____		
Commencement 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)	
<b>Company Address</b>	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas	
Block No.:	_____	Floor No.:	_____ Unit 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.:	_____		
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"/> Self-Employed	<input type="checkbox"/> Others _____
<b>SECTION V SPOUSE'S PARTICULARS</b>			
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 _____

<sup>3</sup> MSF foster mothers & Head of Children Home need not complete Section V.

<sup>4</sup> Inclusive of self-employed, working from home, project basis etc.

Handphone No.:		Email Address:	
Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification <input type="checkbox"/> Secondary (Vocational) <input type="checkbox"/> University Degree	<input type="checkbox"/> Primary Education <input type="checkbox"/> Junior College/ Centralised Institute <input type="checkbox"/> Post Graduate	<input type="checkbox"/> Secondary (General) <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> Others _____
Working Status:	<input type="checkbox"/> Working	<input type="checkbox"/> Not Working	
Occupation:	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Executives & Managers <input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.) <input type="checkbox"/> Public Service <input type="checkbox"/> Self-Employed	<input type="checkbox"/> Service & Sales Workers <input type="checkbox"/> Technicians & Associate Professionals <input type="checkbox"/> Others _____

**SECTION VI DECLARATION BY MAIN APPLICANT (MOTHER / SINGLE FATHER / GUARDIAN)**

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.

I hereby consent to the Early Childhood Development Agency ("ECDA") releasing my particulars and those of my child/children presently in a child care centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.

\_\_\_\_\_  
Signature of Main Applicant

□□ / □□ / □□□□  
Date (dd/mm/yyyy)

**SECTION VII 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.

\_\_\_\_\_  
Name / Designation of CCC Personnel

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact No.

□□ / □□ / □□□□  
Date (dd/mm/yyyy)

**EARLY CHILDHOOD DEVELOPMENT AGENCY**

**APPLICATION FOR ADDITIONAL SUBSIDY FOR INFANT/CHILD CARE**

This form will take 10 – 15 minutes to complete.

If there are 5 or more family members in your household including more than 2 dependents<sup>1</sup>, you may wish to apply for the Additional Subsidy based on your family's Per Capita Income (PCI) by completing only Form 1B.

**Eligibility Criteria**

- Singapore Citizen children whose mother/single father is working 56 hours or more per month
- Families with gross monthly household income of \$7,500 and below or Per Capita Income of \$1,875 and below

Please note that for the purposes of determining your eligibility, we will be retrieving income data from CPF Board.

**SECTION I CHILD'S PARTICULARS**

Name as in Birth Certificate:	Birth Certificate No.:
	<input type="text"/>

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

	<b>Main Applicant</b>		<b>Spouse (where applicable)</b>	
a) Do you work $\geq$ 56 hours/month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b) Is your spouse working?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you are in the following categories (c, d or e), please fill up f(i) or f(ii)</b>				
c) Just started working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Salaried employee without CPF contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Self-employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "Yes", submit SD <sup>2</sup>			
f(i) Gross monthly income. <sup>3</sup> <b>OR</b>	\$ _____ .00		\$ _____ .00	
f(ii) Wish to declare your gross monthly income directly through our ChildCareLink System (CCLS), please tick here. You will be informed via SMS notification to access the website at <a href="http://www.childcarelink.gov.sg">www.childcarelink.gov.sg</a> using your Singpass to declare your income.	<input type="checkbox"/> Declaration via CCLS		<input type="checkbox"/> Declaration via CCLS	

<sup>1</sup> Dependents refer to persons living in the same household who are not earning an income.

<sup>2</sup> Statutory declaration

<sup>3</sup> Gross monthly income based on your latest Notice of Assessment from IRAS.

**SECTION III CONSENT/DECLARATION BY MAIN APPLICANT (MOTHER/SINGLE FATHER/GUARDIAN) AND SPOUSE**

1. 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.
2. I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
  - 2.1 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.
  - 2.2 The CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by ECDA and any information that can be derived from those contributions.
3. I/We also understand that any part of this application improperly completed may lead to the rejection of the application for subsidies.
4. 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 gross monthly income of applicant and spouse in form 1A, I/we will update the child care centre at the earliest.

**Main Applicant (Mother / Single Father)**

	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: _____
NRIC: _____	Name: _____
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"/>	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"/>

**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: _____
NRIC: _____	Name: _____
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"/>	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"/>

**SECTION IV 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

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 ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)**

**This form will take 10 – 15 minutes to complete.** You will require family members' NRIC/ Passport No.

**If there are 5 or more family members in your household including more than 2 dependents<sup>1</sup>, you may wish to apply for the Additional Subsidy based on your family's Per Capita Income (PCI) by completing this form.**

**Eligibility criteria**

- Singapore Citizen children whose mother/single father is working 56 hours or more per month and family **Per Capita Income is \$1,875 and below.**
- All family members must be related by blood, marriage and/or legal adoption and living in the same residential address as reflected on their NRIC of the main applicant.
- Per Capita Income(PCI) is computed as follows: 
$$\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$$

**Please note that for the purposes of determining your eligibility, we will be retrieving income data from CPF Board.**

**SECTION I CHILD'S PARTICULARS**

Name as in Birth Certificate:	Birth Certificate No.: <input type="text"/>
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**SECTION II DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT (MOTHER / SINGLE FATHER) AND SPOUSE**

	<b>Main Applicant</b>	<b>Spouse (where applicable)</b>
a) Do you work $\geq$ 56 hours/month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Is your spouse working?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you are in the following categories (c, d or e), please fill up f(i) or f(ii)</b>		
c) Just started working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Salaried employee without CPF contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", submit SD <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
f(i) Gross monthly income. <sup>3</sup> <b>OR</b>	\$ _____ .00	\$ _____ .00
f(ii) Wish to declare your gross monthly income directly through our ChildCareLink System (CCLS), please tick here. You will be informed via SMS notification to access the website at <a href="http://www.childcarelink.gov.sg">www.childcarelink.gov.sg</a> using your Singpass to declare your income.	<input type="checkbox"/> Declaration via CCLS	<input type="checkbox"/> Declaration via CCLS

<sup>1</sup> Dependents refer to persons living in the same household who are not earning an income.

<sup>2</sup> Statutory declaration

<sup>3</sup> Gross monthly income based on your latest Notice of Assessment from IRAS.

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

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

**For salaried employee, we will be retrieving your income data from the CPF Board.****For family members who have just started working or are salaried employee without CPF contributions or self-employed, 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 IV CONSENT / DECLARATION BY MAIN APPLICANT (MOTHER/SINGLE FATHER/GUARDIAN) / SPOUSE / FAMILY MEMBERS AGED 21 AND ABOVE**

1. 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.
2. I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
  - 2.1 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.
  - 2.2 The CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by ECDA and any information that can be derived from those contributions.
3. I/We also understand that any part of this application improperly completed may lead to the rejection of the application for subsidies.
4. 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 family composition or gross monthly income of applicant, spouse and family members in form 1B, I/we will update the child care centre at the earliest.



<b>Main Applicant (Mother/Single Father/Guardian)</b>			
	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: _____		
NRIC: _____	Name: _____		
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"/>	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"/>		
<b>Main Applicant's Spouse</b>			
	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: _____		
NRIC: _____	Name: _____		
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"/>	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"/>		
<b>Family Members</b>			
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
<b>SECTION V VERIFICATION / DECLARATION BY CHILD CARE CENTRE</b>			
I have verified the following documents and retained a copy at centre for record purposes: (Please tick where applicable)			
<input type="checkbox"/> Child's birth certificate/FIN/passport			
<input type="checkbox"/> Main applicant / Spouse's NRIC /FIN/ passport			
<input type="checkbox"/> Family members' NRIC / passport /FIN/birth certificate with same residential address as main applicant			
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.	
_____	_____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name / Designation of CCC Personnel	Signature	Date (dd/mm/yyyy)	



**EARLY CHILDHOOD DEVELOPMENT AGENCY**

**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.:

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

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

**SECTION II APPLICATION FOR FINANCIAL ASSISTANCE**

<b>SECTION II(A): IF REFERRED BY AGENCY</b>	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:	\$ .	per month
		Start-up Grant:	\$ .	No. of previously received Start-up Grant: <input type="text"/>
		Start Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(mm/yyyy)
Period:	<input type="text"/> <input type="text"/>	Month(s)		

<b>SECTION II(B): IF SELF REFERRED</b>  (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.

		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Main Applicant as in NRIC/ FIN/ Passport	Signature	Date (dd/mm/yyyy)

		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Spouse as in NRIC/ FIN/ Passport (Where applicable)	Signature	Date (dd/mm/yyyy)

**SECTION IV 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.
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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:

Ministry of Social and Family Development  
ComCare and Social Support Division  
512 Thomson Road  
#15-00 MSF Building  
Singapore 298136

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

**Additional subsidy** is applicable for mother / single father whose families gross monthly household income is \$7,500 and below or PCI is \$1,875 and below.

**Please complete:**

**Form 1A** if you are applying for Additional Subsidy of Infant / Childcare or

**Form 1B** if there are 5 or more family members in your household including more than 2 dependents<sup>1</sup> and you wish to apply for the Additional Subsidy based on your family's PCI.

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"/> (mm/yyyy)	Period of Subsidy: <input type="text"/> <input type="text"/> Month(s)	
SECTION II REASONS AND SUPPORTING DOCUMENTS FOR SPECIAL APPEAL; APPLYING FOR ADDITIONAL SUBSIDY (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

<sup>1</sup> Dependents refer to persons living in the same household who are not earning an income.

**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 II 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 1A** if you are applying for Additional Subsidy of Infant / Childcare or

**Form 1B** if there are 5 or more family members in your household including more than 2 dependents<sup>1</sup> and you wish to apply for the Additional Subsidy based on your family's PCI.

**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 MOTHER/ SINGLE FATHER/ GUARDIAN'S WORKING STATUS**

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

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.: \_\_\_\_\_

Occupation:

- Administrative Support       Professionals (Doctors, Lawyers, Accountants, Engineers etc.)       Service & Sales Workers
- Executives & Managers       Public Service       Technicians & Associate Professionals
- Production Craftsmen & Related Workers       Self-Employed       Others \_\_\_\_\_

<sup>1</sup> Dependents refer to persons living in the same household who are not earning an income.

**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)

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"/> Self-Employed	<input type="checkbox"/> Others _____

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:  /  /  (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:

Child  /  /  (dd/mm/yyyy)

Main Applicant  /  /  (dd/mm/yyyy)

Spouse  /  /  (dd/mm/yyyy)

**SECTION IV CHANGE IN PROGRAMME TYPE AND PROGRAMME FEE**

Effective Date of New Programme:  /  /  (dd/mm/yyyy)

**From:** \* Infant / Child (\*Please delete where applicable):

- Full Day
- Half-Day (AM)
- Half-Day (PM)
- Flexi Care 1 - 12 hrs to 24 hrs per week
- Flexi Care 2 - Above 24 hrs to 36 hrs per week
- Flexi Care 3 - Above 36 hrs to 48 hrs per week
- Flexi Care 4 - Above 48 hrs per week
- Student Care (AM)
- Student Care (PM)
- Emergency Care

**To:** \* Infant / Child (\*Please delete where applicable):

- Full Day
- Half-Day (AM)
- Half-Day (PM)
- Flexi Care 1 - 12 hrs to 24 hrs per week
- Flexi Care 2 - Above 24 hrs to 36 hrs per week
- Flexi Care 3 - Above 36 hrs to 48 hrs per week
- Flexi Care 4 - Above 48 hrs per week
- Student Care (AM)
- Student Care (PM)
- Emergency Care

Gross Monthly **New** Programme Fee:

(Includes GST and centre's discount if any)

\$  .

**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

□□ / □□ / □□□□  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name of Spouse  
(Where applicable)

\_\_\_\_\_  
NRIC/ FIN/  
Passport No.

\_\_\_\_\_  
Signature

□□ / □□ / □□□□  
Date (dd/mm/yyyy)

**SECTION VI CHANGE IN ADMISSION DATE**

**NEW** Admission Date: □□ / □□ / □□□□ (dd/mm/yyyy)

Reason for Change:

**SECTION VII DECLARATION BY CHILD CARE CENTRE**

Subsidy with effect month for any of the above change: □□ / □□□□ (mm/yyyy)

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 (ECDA)  
51 Cuppage Road  
#08-01  
Singapore 229469



**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 1A** if you are applying for Additional Subsidy of Infant / Childcare or

**Form 1B** if there are 5 or more family members in your household including more than 2 dependents<sup>1</sup> and you wish to apply for the Additional Subsidy based on your family's PCI.

**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 of 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 <sup>2</sup>	<input type="checkbox"/> Head, Children Home <sup>2</sup>	<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
<b>Residential Address</b>			
Block No.:	_____	Floor No.:	_____
		Unit No.:	_____
Building Name:	_____		
Street Name:	_____		Postal Code: <input type="text"/>
Housing Type:	<input type="checkbox"/> HDB 1 room	<input type="checkbox"/> HDB 2 room	<input type="checkbox"/> HDB 3 room <input type="checkbox"/> HDB 4 room
	<input type="checkbox"/> HDB 5 room & Larger Flats	<input type="checkbox"/> Condominium, Private Flats & Landed	
Handphone No.:	_____	Home Tel No.:	_____
Email Address:	_____		
Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> Primary Education	<input type="checkbox"/> Secondary (General)
	<input type="checkbox"/> Secondary (Vocational)	<input type="checkbox"/> Junior College / Centralised Institute	<input type="checkbox"/> Polytechnic Diploma
	<input type="checkbox"/> University Degree	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others _____

<sup>1</sup> Dependents refer to persons living in the same household who are not earning an income.

<sup>2</sup> MSF foster mothers & Head of Children Home need not complete Section IV.

Working Status:	<input type="checkbox"/> Working 56 hrs or more per month <sup>3</sup>		<input type="checkbox"/> On no-pay leave		
	<input type="checkbox"/> Working less than 56 hrs per month <sup>2</sup>		<input type="checkbox"/> Not working		
<b>IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:</b>					
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)				
<b>Company Address</b>	<input type="checkbox"/> Local <input type="checkbox"/> Overseas				
Block No.:	_____	Floor No.:	_____	Unit 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.:	_____				
Occupation:	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Executives & Managers <input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.) <input type="checkbox"/> Public Service <input type="checkbox"/> Self-Employed	<input type="checkbox"/> Service & Sales Workers <input type="checkbox"/> Technicians & Associate Professionals <input type="checkbox"/> Others_____		
<b>SECTION IV SPOUSE'S PARTICULARS</b>					
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 _____	
Handphone No.:			Email Address:		
Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification <input type="checkbox"/> Secondary (Vocational) <input type="checkbox"/> University Degree	<input type="checkbox"/> Primary Education <input type="checkbox"/> Junior College / Centralised Institute <input type="checkbox"/> Post Graduate	<input type="checkbox"/> Secondary (General) <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> Others _____		
Working Status:	<input type="checkbox"/> Working		<input type="checkbox"/> Not working		
Occupation:	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Executives & Managers <input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.) <input type="checkbox"/> Public Service <input type="checkbox"/> Self-Employed	<input type="checkbox"/> Service & Sales Workers <input type="checkbox"/> Technicians & Associate Professionals <input type="checkbox"/> Others_____		
<b>SECTION V DECLARATION BY NEW MAIN APPLICANT (MOTHER / SINGLE FATHER / GUARDIAN)</b>					
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 New Main Applicant		_____ NRIC / FIN / Passport No.		_____ Signature	
				<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date (dd/mm/yyyy)	

<sup>3</sup> Inclusive of self-employed, working from home, project basis etc.

**SECTION VI DECLARATION BY CHILD CARE CENTRE**

Subsidy with effect month:

/     (mm/yyyy)

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 WITHDRAWAL FROM CHILDCARE CENTRE / SUBSIDY**

<p><b>This form will take 5 minutes to complete.</b>  <b>You will need the following information:</b></p> <ul style="list-style-type: none"> <li>• Child's Birth Certificate/ Passport No.</li> <li>• NRIC/ Passport No. of Mother / Single Father / Guardian</li> </ul>			
<b>SECTION I ENROLMENT DETAILS</b>			
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"/> Student Care Service
	<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"/> AM <input type="checkbox"/> PM
<b>SECTION II WITHDRAWAL FROM INFANT / CHILD CARE CENTRE</b>			
Child's <u>last day</u> of attendance in centre:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
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		
<b>SECTION III TEMPORARY WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR <u>ONE</u> MONTH)</b>			
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:	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm/yyyy)		
Attendance for the month:	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Note: The child must attend the centre for at least one day per month to be eligible for the subsidy)</b>		
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)		

<b>SECTION IV WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR <u>MORE THAN ONE</u> MONTH)</b>	
Withdrawal with effect month:	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> (mm/yyyy)
Reason(s) for withdrawal:	
<b>SECTION V DECLARATION BY MAIN APPLICANT</b>	
<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>	
_____	_____
Name of Main Applicant	NRIC / FIN / Passport No.
_____	_____
Signature	Date (dd/mm/yyyy)
<b>SECTION VI DECLARATION BY CHILD CARE CENTRE</b>	
<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
_____	_____
	Contact No.
_____	_____
Name / Designation of CCC Personnel	Signature
_____	_____
	Date (dd/mm/yyyy)

**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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
--------------------	---

<b>Company Address</b>	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas				
Block No.:	_____	Floor No.:	_____	Unit 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"/>

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
-----------------	----------------------------------	--------------------------------------	--

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	<div style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> /            <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> /            <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> </div> Date (dd/mm/yyyy)
Name of Spouse (Where applicable)	NRIC / FIN / Passport No.	Signature	<div style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> /            <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> /            <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> </div> 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	<div style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> /            <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> /            <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> </div> Date (dd/mm/yyyy)