

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: / / (dd/mm/yyyy)

<p>From: * Infant / Child (*Please delete where applicable):</p> <ul style="list-style-type: none"> <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 	<p>To: * Infant / Child (*Please delete where applicable):</p> <ul style="list-style-type: none"> <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
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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	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)
Name of Spouse (Where applicable)	NRIC/ FIN/ Passport No.	Signature	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)

SECTION VI CHANGE IN ADMISSION DATE		
NEW Admission Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	
Reason for Change:		
SECTION VII DECLARATION BY CHILD CARE CENTRE		
Subsidy with effect month for any of the above change:	<input type="text"/> / <input type="text"/> (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	Contact No.
_____	_____	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name / Designation of CCC Personnel	Signature	Date (dd/mm/yyyy)
<p>Child Care Centre Personnel: 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>		