

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"/> <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 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"/> <input type="text"/> / <input type="text"/> <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:	<input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/>
Office Tel No.:	_____		

SECTION IV SPOUSE'S PARTICULARS

Name as in NRIC / FIN / Passport:	_____		
NRIC / FIN / Passport No.:	_____	Date of Birth:	<input style="width:20px; height:15px; border: 1px solid black;" type="text"/> / <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> / <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/>
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 NEW 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.

/ /

_____	_____	_____	_____
Name of New Main Applicant	NRIC / FIN / Passport No.	Signature	Date (dd/mm/yyyy)

SECTION VI DECLARATION BY CHILD CARE CENTRE

Subsidy with effect month:	<input style="width:20px; height:15px; border: 1px solid black;" type="text"/> / <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/> <input style="width:20px; height:15px; border: 1px solid black;" type="text"/>	(mm/yyyy)
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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)