

EARLY CHILDHOOD DEVELOPMENT AGENCY

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

1. This form will take 10 – 15 minutes to complete.
2. You will need the following documents:
 - Child's Birth Certificate/ Passport No.
 - NRIC/ Passport No. and employment details of Mother / Single Father / Guardian
3. 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
4. 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
5. 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 not⁴ 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:

SECTION III ENROLMENT DETAILS

Admission Date:

/ / (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)

- Full Month Fee
- Pro-rate 2 weeks Fee
- No Fee / Free Trial / Pro-rate fee less than 2 weeks (not entitled to subsidy)
- 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"/> <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"/> <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:	_____ Unit No.:
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"/> <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.: _____ Unit No.: _____						
Building Name: _____							
Street Name: _____	Postal Code: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>						
Office Tel No.: _____							

SECTION VI SPOUSE'S PARTICULARS									
Name as in NRIC / FIN / Passport: _____									
NRIC / FIN / Passport No.: _____		Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> (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

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 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").
 - 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 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.
 - 2.3. 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.
 - 2.4. The Registry of Marriages or the Registry of Muslim Marriages and other relevant agencies disclosing the information related to my/our marital status.
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 my/our gross monthly income from what is declared in this application form, I/we will update the child care centre at the earliest.
5. 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:-
 - 5.1. 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;
 - 5.2. Health Promotion Board (HPB) for the purpose of my/our child/ children being screened under the health programmes of HPB; or
 - 5.3. 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.
6. 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.
7. 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: _____
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: _____
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	<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Date (dd/mm/yyyy)</p>