

***Guide on Application  
for  
CDC Student Care Fee  
Assistance Scheme***

***for Commercial  
Student Care Centre***

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## EXPLANATORY NOTES

### **STUDENT CARE FEE ASSISTANCE (SCFA) FOR COMMERCIAL STUDENT CARE CENTRES**

1. **SCFA** is a financial assistance to help defray student care cost.
  
2. Who is eligible?
  - The child attending the centre is:
    - a Singapore citizen or Singapore Permanent Resident
    - 7 – 14 years of age; and
    - schooling.
  - At least one immediate family<sup>1</sup> member must be a Singapore Citizen
  - Gross household income of both parents does not exceed \$2,500/- a month; and
  - Mother / single father of the child is working full-time or part-time regularly.
  
3. Who can administer?

Student Care Centre offers

  - alternative form of day-care arrangement for school-going children aged 7 – 14 years.
  - core programmes focus on optimising the students' physical, intellectual, emotional and social development.
  
4. How do centres administer?
  - Process and verify each application form submitted by parents.
  - Submit to the Community Development Council (CDC)<sup>2</sup>
    - a) quarterly claims with copies of application forms and supporting documents by the end of each quarter; and
    - b) audited classification of muster and certification by external auditors.
  
5. How do parents apply?

Eligible parents can apply for SCFA by submitting their particulars to student care centre using (SCC Form B) with documentary evidence of

  - employment status
  - income of both parents; and
  - nationality of both parents and child.

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<sup>1</sup> : Immediate family member refers to child's parents or siblings

<sup>2</sup> : To find out which CDC you belong to, please visit [www.cdc.org.sg](http://www.cdc.org.sg)

6. Level of assistance (wef 1 July 2007)

| Gross Household Income (\$) | Fee Assistance to parents for community-based SCC |
|-----------------------------|---|
| \$1500 & Below              | \$160   |
| \$1501 – \$2000             | \$107   |
| \$2001 – \$2500             | \$54  |

7. Submission timeline

- Application by SCC to be a SCFA administrator - effective from date of receipt of application, subject to approval of application.
- Quarterly claims - by the end of each quarter (i.e. 30 June / 30 Sep / 31 Dec / 15 Mar)<sup>3</sup>
- Audited classification of muster and certification by external auditors – by 30 June

8. Disbursement of SCFA

SCFA is disbursed on a quarterly basis through the CDC, 1 month from the date of claim submitted by the SCC.

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<sup>3</sup> Quarterly claim for the 4<sup>th</sup> Quarter should be submitted strictly by 15 March. Claims submitted beyond 15 March for the last financial year will not be considered.

**CONDITIONS FOR EXTENSION OF COMMUNITY DEVELOPMENT COUNCIL (CDC)  
STUDENT CARE FEE ASSISTANCE TO STUDENT CARE CENTRES**

- 1 Approval for the Student Care Centre (SCC) to administer the fee assistance scheme is given on the condition that the operator of the centre:
- (i) Undertakes to verify and confirm the eligibility criteria of children attending SCC based on the following documents:

| Information  | Type of Documents   |
|--|---|
| (a) Nationality of Parents   | NRIC /<br>Entry / Re-entry Permit / Passport  |
| (b) Nationality and Age of child<br>Note: If child is a PR, at least one immediate family member* must be a Singapore citizen)<br><i>* Immediate family member refers to child's parents or siblings</i>                     | Birth Certificate/ Entry or Re-entry permit /<br>Passport   |
| (c) Single parent  | Any relevant legal documents or statutory declaration to show single status   |
| (d) Employment status of parents<br>Note: The SCC should review the household income of the parents of the children attending the SCC at least once a year. When necessary, the SCC may need to review the cases more often. | Any 1 of the following documents: <ul style="list-style-type: none"> <li>• Letter from employer confirming the employment status, income and designation of the parents;</li> <li>• Current payslip;</li> <li>• Current CPF statement confirming employer and employee contributions;</li> <li>• Most recent income tax statement</li> </ul> <p>If above document is not available, the applicant must submit a statutory declaration confirming the employment status and income. The statutory declaration should include information on type of work; place of employment etc.</p> |

- (i) Submits annual audited classification of muster (SCC Form D) and certification by external auditors latest by 30 June each year. Centre is to inform the Ministry in writing of the reason for any delay and indicate when the statement is expected to be available.

**Important Note:** Any undue delay in the submission of audited classification of muster and certification by external auditors will result in an equivalent delay in the next disbursement.

- 2 Organisation are required to keep the following records for the periods specified:
- (a) From the date of the child's withdrawal from the Centre, particulars of every child and the child's parents or immediate family member\* for a period of 3 years from the date of the child's withdrawal from the Centre, which include
    - Child's birth Certificate or other identification document
    - Documentary evidence of the mother's or single father's employment status
    - Relevant documentary evidence of the nationality of the father and mother; or immediate family member\*
    - Documentary proof of single status of the father; and
    - Enrolment form of the child;
  - (b) Parent's application form for fee assistance (SCC Form B) for a period of 3 years from date of withdrawal from the centre;
  - (c) Central attendance register and class attendance register for a period of 3 years from last entry.

\* *Immediate family member refer to the student's parents or siblings*

- 3 All information on parents and the children should be treated with the strictest confidentiality by the SCC.
- 4 Parents must be informed that any false declaration made is an offence under Section 182 of the Penal Code.
- 5 Organisation are required to submit their quarterly claims using the "Quarterly classification of muster according to household income" (SCC Form C) by the last month of each quarter (i.e. 1<sup>st</sup> quarter - 30 June / 2<sup>nd</sup> quarter - 30 Sept / 3<sup>rd</sup> quarter -31 Dec / 4<sup>th</sup> quarter - 15 Mar\*) to the CDC.
- Quarterly claims should be submitted along with application form from parents (SCC Form B) and supporting documents specified under item 1(i) and a list of children who have withdrawn from the centre.
- \* Quarterly claim for the 4<sup>th</sup> Quarter should be submitted strictly by 15 March. Claims submitted beyond 15 March for the last financial year will not be considered.
- 6 The CDC reserves the right to withhold further disbursement and recover overpayment if an operator breaches any or all of the above stipulated conditions or for any other reasons, such as discrepancy highlighted in the audited classification of muster.
- 7 The CDC reserves the right to reject any application. The reason(s) for rejection may not necessarily be disclosed.
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**Com - SCFA FORM A  
TO BE COMPLETED BY Com SCC**

**APPLICATION TO ADMINISTER STUDENT CARE FEE ASSISTANCE  
SCHEME COMMERCIAL STUDENT CARE CENTRE**

**1. Name of Centre**

**2. Address**

**3. Constituency**

**4. Community Development Council**

**5. RCB Registration No & Date**

RCB No.:

Date:

**\* Note: Please attach a copy of your centre's RCB registration available upon request at the ACRA (Accounting and Corporate Regulatory Authority) <http://www.acra.gov.sg>.**

**6. Type of premises**

- HDB void deck                       Private premises  
 Civil Bomb shelter                       Others (specify) \_\_\_\_\_

**7. Start date of operation**

**8. Operation hours**

Monday – Friday  Saturday

**9. Total floor area**  m<sup>2</sup>

**10. Capacity (per session)**

11. Age range for admission

12. **Particulars of person making application on behalf of organisation**

Name : \_\_\_\_\_

NRIC No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Designation in organisation: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact Tel: \_\_\_\_\_ Fax No: \_\_\_\_\_

I certify that the information given above is correct and agree to notify the Community Development Council of any changes in the information. I am aware that every false declaration made by me for the purpose of claiming the CDC Student Care Fee Assistance is an offence under Section 182 of the Penal Code.

I understand that the Government reserves the right to reject my application, and that the reason(s) for which the application is rejected need not necessarily be disclosed.

I also hereby declare that I have read and accept the conditions for the receipt of financial support on behalf of the organisation, in the event that the application is successful.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Organisation's official stamp:** \_\_\_\_\_

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**FOR OFFICE USE**

**Date received :** \_\_\_\_\_

**Case No. :** \_\_\_\_\_



**Section II : PARENTS' PARTICULARS**

|   | <b>Father</b> | <b>Mother</b> |
|---|---------------|---------------|
| <b>Name</b>   |               |               |
| <b>NRIC No.</b>   |               |               |
| <b>Date of Birth</b>  |               |               |
| <b>Nationality</b>  |               |               |
| <b>Occupation</b>   |               |               |
| <b>Contact No</b>   |               |               |
| <b>Name of Company</b>  |               |               |
| <b>Gross Monthly Income</b>   | \$            | \$            |
| <b>Total Combined Gross Monthly Income of Father and Mother</b>   | \$            |               |
| <b>Total size of Household</b>  |               |               |
| <b>No. of children in the household currently on Student Care Centre Financial Assistance (excluding applicant)</b> |               |               |

**Section III : PARENT'S DECLARATION**

I, the undersigned, declare all the above to be true and correct. I understand that providing any false information is an offence under section 182 of the Penal Code (Chapter 224), punishable by a fine of \$1,000 or a term of imprisonment of up to 6 months or both. I further understand that if I furnished any false information, the Government will recover from me all monies paid to me under the Student Care Fee Assistance Scheme.

Name of Parent : \_\_\_\_\_ Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**SECTION IV : VERIFICATION OF ELIGIBILITY FOR FEE ASSISTANCE**  
 (TO BE COMPLETED BY SCC)

| Data Requiring Verification   | Verification    | Type of Documents Submitted |
|---|-----------------|-----------------------------|
| 1 Is child a Singapore Citizen/ Permanent Resident *?                                   | Yes/ No *       |                             |
| 2 Is child between 7 to 14 years of age?  | Yes/ No *       |                             |
| 3 Is child's father a Singapore Citizen/Permanent Resident *?                           | Yes/ No *       |                             |
| 4 Is child's mother a Singapore Citizen/Permanent Resident *?                           | Yes/ No *       |                             |
| 5 Is the child's immediate family member a Singapore Citizen*?                          | Yes/ No *       |                             |
| 6 Is child's father/mother * a single parent?   | Yes/ No *       |                             |
| 7 Combined monthly income of parents <sup>4</sup>                                       | \$ _____        |                             |
| <b>Eligibility for Fee Assistance</b>   | <b>YES / NO</b> |                             |
| 1) Student Care Fee (Before SCFA):<br>\$ _____<br>2) CDC SCFA : \$ _____                |                 |                             |
| Number of children in the household currently on SCFA (excluding the present applicant) |                 |                             |

The above information was verified and found correct. Information on the eligibility criteria for the fee assistance has been given and explained to parents.

Name of Supervisor/Operator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>4</sup> Note: To obtain parent's declaration (see attached declaration form if they are unable to furnish any supporting documents.

**STUDENT CARE CENTRE'S RECOMMENDATIONS (OPTIONAL)**

This space is for the Student care operators to write/attach a note of recommendation, providing additional information in support of the application.

## SELF DECLARATION

I, \_\_\_\_\_ NRIC \_\_\_\_\_  
(name)

ADDRESS : \_\_\_\_\_ SINGAPORE ( )

**DECLARE THAT:** (Please ✓ on appropriate response)

I am working as \_\_\_\_\_ (occupation) at \_\_\_\_\_  
(name of company or agency) and my monthly gross income is \$ \_\_\_\_\_ per month.

I am self-employed as a \_\_\_\_\_. My average monthly take-home pay is \$ \_\_\_\_\_ per month. (Details of self employment \_\_\_\_\_)

I am not working<sup>5</sup> because \_\_\_\_\_

*(To attach a valid medical certificate, certifying parent is unfit for employment).*

I am currently not working, but I am looking for work / undergoing training\*. I understand that if I am still unemployed at the end of the 6- month grace period, the assistance will be discontinued upon expiry. (Details of job-search/training) \_\_\_\_\_

**I, the undersigned, declare all the above to be true and correct. I understand that providing any false information is an offence under section 182 of the Penal Code (Chapter 224), punishable by a fine of \$1,000 or a term of imprisonment of up to 6 months or both. I further understand that if I furnished any false information, the Government will recover from me all monies paid to me under the Student Care Fee Assistance Scheme.**

Witnessed by

\_\_\_\_\_  
Name & Signature of Applicant

\_\_\_\_\_  
Name & Signature of Centre Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organisation Stamp & Date

\* Delete where appropriate.

<sup>5</sup> Applies to parents who are unable to work due to medical reasons.

**TO BE SUBMITTED BY CENTRE BY END OF QUARTER  
QUARTERLY CLASSIFICATION OF MUSTER ACCORDING TO HOUSEHOLD  
INCOME**

**Name of SCC** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**Tel** : \_\_\_\_\_  
**Capacity (per session)** : \_\_\_\_\_ **Total enrolment:** \_\_\_\_\_  
**Period of Claim\*** \_\_\_\_\_ **Please specify number of application forms attached**

April – June  \_\_\_\_\_  
 July – Sep  \_\_\_\_\_  
 Oct – Dec  \_\_\_\_\_  
 Jan – Mar  \_\_\_\_\_

\* Please indicate where applicable

| Household Income Month/ Year | \$1,500 & Below | \$1,501-\$2,000 | \$2,001-\$2,500 | Remarks |
|------------------------------|-----------------|-----------------|-----------------|---------|
|                              |                 |                 |                 |         |
|                              |                 |                 |                 |         |
|                              |                 |                 |                 |         |
| <b>TOTAL</b>                 |                 |                 |                 |         |

The following students have withdrawn from the Student Care Centre (please attach a separate sheet if space is not sufficient):

| Name / NRIC No. | Date of withdrawal |
|-----------------|--------------------|
|                 |                    |
|                 |                    |
|                 |                    |

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
 Name of Centre Supervisor/Operator:  
 (NAME/NRIC NO: IN BLOCK LETTERS)

\_\_\_\_\_  
 Signature and Date

CDC Planning & Development Division  
 Attn: SCFA Officer-In-Charge

Fax : 63486494

COM-SCC FORM C (ANNEX A)

Students On SCFA

Name of SCC : \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address : \_\_\_\_\_ Singapore ( \_\_\_\_\_ )

| A   | B   | C  | D  | E  | F       |
|---|---|--|--|--|---------|
| S/NO                                      | NAME<br>MONTH / YEAR<br>eg, Jan-Mar 08, Ap-Jun 08,<br>Jul-Sep 08 & Oct-Dec 08 (per Qtr) | Gross Household<br>Income<br>\$1,500 & Below | Gross Household<br>Income<br>\$1,501-\$2,000 | Gross Household<br>Income<br>\$2,001-\$2,500 | REMARKS |
| 1   |   |  |  |  |         |
| 2   |   |  |  |  |         |
| 3   |   |  |  |  |         |
| 4   |   |  |  |  |         |
| 5   |   |  |  |  |         |
| 6   |   |  |  |  |         |
| 7   |   |  |  |  |         |
| 8   |   |  |  |  |         |
| 9   |   |  |  |  |         |
| 10  |   |  |  |  |         |
| 11  |   |  |  |  |         |
| 12  |   |  |  |  |         |
| 13  |   |  |  |  |         |
| 14  |   |  |  |  |         |
| <b>TOTAL CLAIMS (indicate in figures)</b> |   |  |  |  |         |

NOTE: For columns C to E, please indicate '✓' for each student receiving SCFA in individual month.

I certify that the above information is correct to the best of my knowledge.

Name of Centre Supervisor/Operator \_\_\_\_\_ Signature / Date \_\_\_\_\_ email \_\_\_\_\_



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**(SAMPLE) CERTIFICATION BY EXTERNAL AUDITORS**

Date

Officer-in-charge  
Social Assistance (SCFA)  
CDC Planning & Development Division  
People's Association  
Block B, 9 Stadium Link  
Singapore 397750

Dear Sir

**AUDITORS' REPORT ON STATEMENT OF STUDENT CARE FEE  
ASSISTANCE CLAIMS BY \_\_\_\_\_**

We have audited the statement of claim of \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_. This statement is the responsibility of \_\_\_\_\_. Our responsibility is to express an opinion on the fee assistance claims based on our audit.

We conducted our audit in accordance with Singapore Standards on Auditing applicable to special purpose audit engagements. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the statement is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts in the statement. An audit also includes assessing the accounting principles used and significant estimates made by management/directors. We believe that our audit provides a reasonable basis for our opinion.

During the course of our audit, nothing has come to our attention to cause us to believe that:

- i) the fee assistance claims in the statement were made to unauthorized persons.
- ii) error(s) or incorrect amount(s) in statement of fee assistance claims submitted to MCYS.

\_\_\_\_\_  
(Firm)  
Certified Public Accountants  
Singapore

\* \_\_\_\_\_ to be replaced by the name of the student care centre that the report is being made.

For any enquires on the scheme, please contact the following officer in charge of the respective CDC:

| <b>CONTACT PERSON AND ADDRESS</b>  |   |
|--|---|
| <p><b>NORTH EAST CDC</b></p> <p><b>NORTH WEST CDC</b></p> <p><b>SOUTH WEST CDC</b></p> | <p>Ms Yang Yi<br/>           CDC Planning &amp; Development Division<br/>           People's Association<br/>           9 Stadium Link, Block B<br/>           Singapore 397750<br/>           DID: 6340 5364<br/>           Fax: 6348 6649<br/>           Email: Yang_Yi@pa.gov.sg</p>       |
| <p><b>SOUTH EAST CDC</b></p> <p><b>CENTRAL SINGAPORE CDC</b></p>                       | <p>Ms Amelia Tay<br/>           CDC Planning &amp; Development Division<br/>           People's Association<br/>           9 Stadium Link, Block B<br/>           Singapore 397750<br/>           DID: 6340 5302<br/>           Fax: 6348 6649<br/>           Email: Amelia_Tay@pa.gov.sg</p> |

Student Care Centre may submit SCFA applications forms and supporting documents to the above contact person and address for the respective CDC.