



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE

This form will take you 10 minutes to complete.

You will need the following information:

- Child's Birth Certificate/ Passport No.
- Mother's/ Single Father's/ Guardian NRIC/ Passport No. and employment details

SECTION I CENTRE DETAILS

Centre Name : _____

Centre Address : _____ Postal Code : _____

SECTION I(A) ENROLMENT DETAILS (TO BE FILLED IN BY CENTRES)

Admission Date : / /
(dd/mm/yyyy)

Date of Birth : / /
(dd/mm/yyyy)

Type of **Infant** Care Programme: Full Day Half-Day (AM) Half-Day (PM)
 Flexi Care 1 - 12 hours to 24 hours per week
 Flexi Care 2 - Above 24 hours to 36 hours per week
 Flexi Care 3 - Above 36 hours to 48 hours per week
 Flexi Care 4 - Above 48 hours per week
 Emergency Care

Type of **Child** Care Programme: Full Day Half-Day (AM) Half-Day (PM)
 Flexi Care 1 - 12 hours to 24 hours per week
 Flexi Care 2 - Above 24 hours to 36 hours per week
 Flexi Care 3 - Above 36 hours to 48 hours per week
 Flexi Care 4 - Above 48 hours per week
 Child Before School
 Child After School
 Emergency Care

Trial Period: 2 weeks 3 weeks

(Note: Centres are required to provide a trial period of at least 2 weeks for new enrolments.)

SECTION I(B) CHILD PARTICULARS

Name as in Birth Certificate / Passport : _____

Birth Certificate No. / Passport No. / UIN / FIN No. : _____

Nationality : Singapore Citizen Permanent Resident Others (please specify)

Gender : Male Female

Race : Chinese Eurasian Indian Malay Others (please specify) _____

Total No. of Children in Family : _____ Birth Order : _____

Is Child currently enrolled in another centre? : Yes No

*If yes, please state the Programme Type enrolled:

Half Day (AM) Half Day (PM) Flexi 1/2/3/4 Others (please specify) _____

Instruction for centres

*This information is for centres to advise parents on subsidy rates. Not to be keyed into CCLS.

Is Child attending Primary School? : Yes No

Is Child in a Children's Home? : Yes No

Organisation Name (If Child is being enrolled by an Organisation) : _____

SECTION II(A) APPLICANT PARTICULARS (i.e. Mother / Single Father / Guardian)

Name as in NRIC / Passport : _____

NRIC No. / Passport No. / UIN / FIN No. : _____

Date of Birth : / / (dd/mm/yyyy)

Nationality : Singapore Citizen Singapore Permanent Resident Others (please specify) _____

Race : Chinese Eurasian Indian Malay Others (please specify) _____

Relationship to Child : Mother Father Guardian Grandmother Grandfather
 MCYS Foster Mother Head, Children Home Others(please specify) _____

Marital Status : Single Married Divorced Separated Widowed

Residential Address

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

Postal Code : _____

Housing Type: HDB 1-room HDB 2-room HDB 3-room HDB 4-room

HDB 5-room & Larger Flats Condominium, Private Flats & Landed

Handphone No. : _____ Home Tel No.: _____

Email Address : _____

Highest Educational Qualification : No Formal Qualification Primary Education Secondary (General)
 Secondary (Vocational) Junior College/Pre-U Polytechnic Diploma
 University Degree Post Graduate Others

Working Status : Working (56 hours or more per month) Working (Less than 56 hours per month)
 Not Working

Household Income: \$1,000 and below \$1,001 - \$1,500 \$1,501 - \$1,800 \$1,801 - \$4,000
 \$4,001 - \$6,000 \$6,001 - \$8,000 \$8,001-\$10,000 > \$10,000

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name: _____

Commencement Date: _____

Company Address

Local Overseas

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

_____ Postal Code : _____

Office Tel. No. : _____ Fax No. : _____

Occupation :

Clerical Workers CEO or Director Executives & Managers

Production Craftsmen & Related Workers Professionals (Doctors, Lawyers, Accountants, Engineers etc.)

Self- Employed Service & Sales Workers Technicians & Associate Professionals

Others, please specify: _____

Total No. of Working Hours per **Month**: _____

SECTION II (B) SPOUSE PARTICULARS (Mandatory if the Main Applicant is Married)

Name as in NRIC / Passport : _____

NRIC No. / Passport No. / UIN / FIN No. : _____

Date of Birth : / / (dd/mm/yyyy)Nationality : Singapore Citizen Singapore Permanent Resident Others (please specify) _____Race : Chinese Eurasian Indian Malay Others (please specify) _____

Home Tel No. : _____

Handphone No. : _____ Office Tel No. : _____

Email Address : _____

Highest Educational Qualification : No Formal Qualification Primary Education Secondary (General) Secondary (Vocational) Junior College/Pre-U Polytechnic Diploma University Degree Post Graduate OthersWorking Status : Working Not Working**If working, please select Occupation** Clerical Workers CEO or Director Executives & Managers Production Craftsmen & Related Workers Professionals (Doctors, Lawyers, Accountants, Engineers etc.) Self- Employed Service & Sales Workers Technicians & Associate Professionals Others, please specify: _____**SECTION III(A) APPLICATION FOR INFANT / CHILD CARE SUBSIDY**Applying for Subsidy: Yes NoSubsidy with effect month : / (mm/yyyy)**SECTION III(B) APPLICATION FOR SPECIAL APPROVAL**Applying for Special Approval: Yes No **(If Yes, Please fill in Form 2)**

SECTION IV TO BE SIGNED BY THE APPLICANT

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 Ministry of Community Development, Youth and Sports 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 Applicant

Date

SECTION V DECLARATION BY CHILD CARE CENTRE

Full Month Programme Fee
Fee Paid for the Current Month : Pro-rate 2 weeks Pro-rate 3 weeks
 No Fee / Free Trial / Pro-rate less than 2 weeks (not entitled to subsidy)

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 / Designation of CCC Personnel

Signature

Contact No.

/ /
Date (dd/mm/yyyy)



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS
APPLICATION FOR SPECIAL APPROVAL OF INFANT / CHILD CARE SUBSIDY

CENTRE DETAILS AND CHILD PARTICULARS

Name and Address of Centre:	Centre Code:
Name of Child (as in Birth Certificate / Passport) :	Singapore BC No. / UIN / FIN :
Name of Applicant (as in NRIC / Passport) :	Singapore IC No. / UIN / FIN :
<p style="text-align: center;">I would like to apply for Special Approval of Infant / Child Care Subsidy with effect from <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . The Period of Subsidy is proposed to be for _____ months. <i>(mm/yyyy).</i></p> <p>I also confirm that for the <u>first month</u> I am paying <input type="checkbox"/> Full month fee S\$_____</p> <p style="padding-left: 150px;"><input type="checkbox"/> Pro-rated fee * 2 weeks / 3 weeks</p> <p style="padding-left: 150px;"><input type="checkbox"/> No Fee / Free trial / Pro-rated Fee less than 2 weeks</p>	

(A) REASONS FOR APPEAL (Please tick)

<u>Reasons for Appeal</u>	<u>Supporting Documents Required</u>
<input type="checkbox"/> Mother/ Single Father is attending training course (for more than 56 hrs per month)	<input type="checkbox"/> Course confirmation letter stating course title and timetable
<input type="checkbox"/> Mother/ Single Father is on unpaid leave	<input type="checkbox"/> Unpaid leave approval letter from employer
<input type="checkbox"/> Mother/ Single Father is retrenched and looking for a new job	<input type="checkbox"/> Retrenchment letter from employer
<input type="checkbox"/> Child is above 7 years old and defers his/ her 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"/> Child is a Singapore Citizen and is adopted by Singapore Permanent Resident (SPR)/ Foreign Parents	<input type="checkbox"/> Adoption Order
<input type="checkbox"/> Others (please specify) _____ _____	<input type="checkbox"/> Other Supporting Documents (Please specify) _____ _____

(B) DECLARATION BY PARENT / GUARDIAN

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.

Signature of Subsidy Applicant

/ /
Declaration Date (dd/mm/yyyy)

(C) VERIFICATION BY CHILD CARE PERSONNEL (FOR OFFICIAL USE ONLY)

Declaration by Child Care Personnel

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 / Designation of CCC Personnel

Signature

Contact No.

/ /
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 :

Ministry of Community Development, Youth and Sports
Child Care Division
510 Thomson Road
#13-00 SLF Building
Singapore 298135



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

NOTIFICATION OF CHANGES

- (A) Change in Working Status (Applicant)
 (B) Change in Nationality (Child/ Applicant/ Spouse)
 (C) Changes in Programme Type

This form may take you 10 minutes to complete

You will need the following information:

- Child's Birth Certificate / Passport No.
- Applicant's NRIC / Passport No.
- Applicant's Employment Details

CENTRE DETAILS AND CHILD PARTICULARS

Name and Address of Centre:	Centre Code:
Name of Child (as in Birth Certificate / Passport) :	Singapore BC No. / UIN / FIN :
Name of Applicant (as in NRIC / Passport) :	Singapore IC No. / UIN / FIN :

(A) CHANGE IN WORKING STATUS (APPLICANT)

Please tick the appropriate box and fill in the wef date :

- I am changing my **Employment Details** wef: (dd/mm/yyyy) / /
- I am changing from **Working** to **Non-Working Status** wef: / /
- I am changing from **Non-Working** to **Working Status** wef: / /

Note: If applicant works for less than 56 hours per month, it is considered as **Non-Working Status**

Company : _____

Commencement Date : / / (dd/mm/yyyy)

Company Address

Local Overseas

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

_____ Postal Code : _____

Office Tel. No. _____ Fax No. _____

Occupation :

- Clerical Workers CEO or Director Executives & Managers
- Production Craftsmen & Related Workers Professionals (Doctors, Lawyers, Accountants, Engineers etc.)
- Self- Employed Service & Sales Workers Technicians & Associate Professionals
- Others, please specify: _____

Total No. of Working Hours per **Month**: _____

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.

Signature of Subsidy Applicant

□□ / □□ / □□□□

Declaration Date (dd/mm/yyyy)

(B) CHANGE IN NATIONALITY (CHILD/ APPLICANT/ SPOUSE)

(Supporting documents e.g. Certificate of Citizenship / Passport are required)

Please tick the appropriate box(s) :

- I wish to change the particulars of the **Child** as follows:

Nationality: From Singapore Permanent Resident To Singapore Citizen

Effective Date of Change: _____ (dd/mm/yyyy)

- I wish to change the particulars of the **Applicant** as follows:

Nationality: From Singapore Permanent Resident To Singapore Citizen

Effective Date of Change: _____ (dd/mm/yyyy)

- I wish to change the particulars of the **Spouse** as follows:

Nationality: From Singapore Permanent Resident To Singapore Citizen

Effective Date of Change: _____ (dd/mm/yyyy)

APPLICATION FOR INFANT / CHILD CARE SUBSIDY
(Valid only if Child and either Parent / Guardian are Singapore Citizens)

Applying for Subsidy: Yes No

Subsidy with effect month : □□ / □□□□ (mm/yyyy)

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.

Signature of Subsidy Applicant

□□ / □□ / □□□□

Declaration Date (dd/mm/yyyy)

(C) CHANGE IN PROGRAMME TYPE

* Please delete where applicable :

From : * Infant / Child

- Full Day Half-Day (AM) Half-Day (PM)
 Flexi Care 1 - 12 hours to 24 hours per week
 Flexi Care 2 - Above 24 hours to 36 hours per week
 Flexi Care 3 - Above 36 hours to 48 hours per week
 Flexi Care 4 - Above 48 hours per week
 Child Before School
 Child After School
 Emergency Care

 / /
End Date (dd/mm/yyyy)**To :** * Infant / Child

- Full Day Half-Day (AM) Half-Day (PM)
 Flexi Care 1 - 12 hours to 24 hours per week
 Flexi Care 2 - Above 24 hours to 36 hours per week
 Flexi Care 3 - Above 36 hours to 48 hours per week
 Flexi Care 4 - Above 48 hours per week
 Child Before School
 Child After School
 Emergency Care

 / /
Start Date (dd/mm/yyyy)

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.

 Signature of Subsidy Applicant

 / /

Declaration Date (dd/mm/yyyy)

(D) VERIFICATION BY CHILD CARE PERSONNEL (FOR OFFICIAL USE ONLY)**Declaration by Child Care Personnel**

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.

CCC Personnel:

 Name / Designation of CCC Personnel

 Signature

 / /

 Contact No.

Date (dd/mm/yyyy)

Child Care Centre Personnel :

Please submit a certified true copy of the infant / child care fee receipt and supporting documents (for change in nationality) when subsidy adjustment is required to :

Ministry of Community Development, Youth and Sports
 Child Care Division
 510 Thomson Road
 #13-00 SLF Building
 Singapore 298135



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

WITHDRAWAL OF INFANT / CHILD FROM CHILD CARE CENTRE

This form will take you 5 minutes to complete.

You will need the following information:

- Child's Birth Certificate/ Passport No.
- Mother's/ Single Father's/ Guardian's NRIC/ Passport No.

(A) WITHDRAWAL FROM CENTRE

To : The Supervisor

(Name of Child Care Centre)

(Address of Child Care Centre)

I, _____, _____

(Name of Mother / Single Father / Guardian)

(NRIC No. / UIN / FIN)

wish to inform you that I am withdrawing my child _____,

(Name of Infant / Child as in Birth Certificate)

_____ from your centre.

(Birth Certificate No. / UIN / FIN)

My child's last day of attendance in your centre is / /

(dd/mm/yyyy)

Withdrawal from Infant/ Child Care Subsidy (only applicable for Infant/Child receiving subsidy)

- I confirm that my child is presently attending *Infant / Child Care Programme
 - Full Day
 - Half Day * AM / PM
 - Flexi-Care * 1 / 2 / 3 / 4
 - Others: _____ (please specify)
- I also confirm that fee paid for last month of attendance is:
 - Full Monthly Programme Fee: \$ _____
 - Pro-rated Fee: * 1 / 2 / 3 weeks (please circle) \$ _____
 - No Fee / Pro-rated fee less than 1 week: \$ _____ (if applicable)
- My reason for withdrawal is :

Signature of Mother / Single Father / Guardian

Date

Contact No.

* Please delete where applicable

(B) VERIFICATION BY CHILD CARE PERSONNEL (FOR OFFICIAL USE ONLY)

Declaration by Child Care Personnel

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.

CCC Personnel:

Name / Designation of CCC Personnel

Signature

/ /

Contact No.

Date (dd/mm/yyyy)

IMPORTANT NOTE:

Child Care Centre Personnel:

Form and official receipt is to be kept in Centre at all times for inspection.



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY

This form will take you 5 minutes to complete.

You will need the following information:

- **Child's Birth Certificate/ Passport No.**
- **Mother's/ Single Father's/ Guardian's NRIC/ Passport No.**

CENTRE DETAILS AND CHILD PARTICULARS

Name and Address of Centre:	
Name of Child (as in Birth Certificate / Passport)	Singapore BC No. / UIN / FIN :
Name of Applicant (as in NRIC / Passport) :	Singapore IC No. / UIN / FIN :

(A) TEMPORARY WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR ONE MONTH)

Reason for Temporary Withdrawal (Please tick the appropriate box) :

Child is on vacation

Child is not medically fit to attend centre

Keeping child at home due to infectious disease outbreak (e.g. HFMD)

Mother is on maternity leave and will care for child

Interim/ temporary alternative care for child

Other reasons (please specify) : _____

Subsidy Withdrawal Month: / (mm/yyyy)

Attendance for the month : Yes No

(Note: The child must attend the centre for at least one day per month to be eligible for the subsidy)

Fee Paid for Temporary Withdrawal Month: Full Monthly Programme Fee

No Fee / Pro-rated Fees less than 1 week

Pro-rate 1 week

Pro-rate 2 weeks

Pro-rate 3 weeks

(B) WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR MORE THAN ONE MONTH)

Withdrawal with effect month / (mm/yyyy)

Reason(s) for withdrawal: _____

(C) DECLARATION BY PARENT / GUARDIAN

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.

Signature of Subsidy Applicant

/ /

Declaration Date (dd/mm/yyyy)

(D) VERIFICATION BY CHILD CARE PERSONNEL (FOR OFFICIAL USE ONLY)

Declaration by Child Care Personnel

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.

CCC Personnel:

Name / Designation of CCC Personnel

Signature

/ /

Contact No.

Date (dd/mm/yyyy)