

HOW WILL I RECEIVE THE MONTHLY SUBSIDY?

The subsidies will be disbursed directly to your child care centre. You will only need to pay the net fees after subsidy.

WILL THE ADDITIONAL SUBSIDY APPLY TO HALF DAY AND FLEXI CARE PROGRAMMES?

Yes. Half-day care programmes are eligible for subsidies pro-rated at 50% of full day care. Similarly, flexi-care programmes will receive pro-rated subsidies based on the number of hours of care received per week.

HOW DO I APPLY?

All applications for the **Basic** and **Additional Subsidy** should be made through your child care centre. Your centre will provide you with the necessary application forms.

If you are enrolling your child for the first time, you will need to declare your personal and spouse's particulars via MSF Form 1 & 1A.

If your child is already enrolled in the centre, you will only need to complete Form 1A to determine your eligibility for the **Additional Subsidy**.

The following supporting documents are required for the subsidy application

- a) NRICs of parents;
- b) Birth certificate of your child; and Certificate of Citizenship (if applicable)

If you are applying for the **Additional Subsidy** based on PCI, you will also need to complete MSF Form 1B and provide details (NRIC / Passport / Birth Certificate) of all family members staying at your residential address.

If you require financial help on top of the **Basic** and **Additional Subsidy**, you can also approach your child care centre to apply for special financial assistance.

For more details on the infant and child care subsidy scheme, please visit our Child Care Link website at:
<http://www.childcarelink.gov.sg>

Or call our information line at:
6258-5812



Child Care Division
Ministry of Social and Family Development

510 Thomson Road
#13-00 SLF Building
Singapore 298135

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NEW INFANT AND CHILD CARE SUBSIDY FRAMEWORK



CENTRE-BASED INFANT AND CHILD CARE

Child care centres (CCCs) provide child care services for children aged between 18 months and 6 years old. Several centres provide infant care programmes for infants aged between 2 to 18 months old. Centres may offer full day, half-day (am/pm) and flexible care programmes to cater to the diverse working schedules of parents. They are licensed by the Ministry of Social and Family Development (MSF) and provide a safe and conducive learning environment for children to grow and develop. This enables working parents to have peace of mind while at work.

INFANT AND CHILD CARE SUBSIDIES: Keeping Fees Affordable

Under the new subsidy framework announced on 23 January 2013, all parents with Singapore Citizen children enrolled in child care centres licensed by MSF will continue to be eligible for a **Basic Subsidy**.

In addition, families with monthly household incomes of \$7,500 and below are now eligible for an **Additional Subsidy**, with lower income families receiving more. Larger families with many dependents can also choose to have their **Additional Subsidy** computed on a per capita income (PCI) basis.



HOW MUCH ARE THE SUBSIDIES?

Table 1: Full Day Child Care Programme

Monthly Household Income	Per Capita Income * (PCI)	Basic Subsidy	Additional Subsidy	Maximum Total Subsidy ^
\$2,500 and below	\$625 and below		\$440	\$740
\$2,501-\$3,000	\$626-\$750		\$400	\$700
\$3,001-\$3,500	\$751-\$875		\$370	\$670
\$3,501-\$4,000	\$876-\$1,000	\$300	\$310	\$610
\$4,001-\$4,500	\$1,001-\$1,125		\$220	\$520
\$4,501-\$7,500	\$1,126-\$1,875		\$100	\$400
Above \$7,500	Above \$1,875		\$0	\$300

Table 2: Full Day Infant Care Programme

Monthly Household Income	Per Capita Income * (PCI)	Basic Subsidy	Additional Subsidy	Maximum Total Subsidy ^
\$2,500 and below	\$625 and below		\$540	\$1140
\$2,501-\$3,000	\$626-\$750		\$500	\$1100
\$3,001-\$3,500	\$751-\$875		\$470	\$1070
\$3,501-\$4,000	\$876-\$1,000	\$600	\$410	\$1010
\$4,001-\$4,500	\$1,001-\$1,125		\$320	\$920
\$4,501-\$7,500	\$1,126-\$1,875		\$200	\$800
Above \$7,500	Above \$1,875		\$0	\$600

^ Subject to minimum co-payment by parents. More details on the schedule of minimum co-payment amounts are available on our website.

Monthly Household Income is based on the combined monthly income of both parents.

* Households with 5 or more family members, including more than 2 dependents may wish to apply for the Additional Subsidy based on their family's per capita income (PCI).

The method for computing per capita income is shown below:

$$\text{Per Capita Income (PCI)} = \frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$$

WORKED EXAMPLES

Here are some worked examples of how much you may receive in child care and infant care subsidies.

Example 1:

Siti earns \$3500 a month. Her husband earns \$3500 a month. Their combined gross monthly household income is **\$7,000**. They have a 3 year old child who attends full day child care:

Full Day Fee	: \$750
Basic Subsidy	: \$300
Additional Subsidy	: (\$100)
Net Fee Payable	: \$350

Example 1:

Charmaine is a single mother and earns **\$2,500** a month. She has a 10 month old baby who attends full day infant care:

Full Day Fee	: \$1200
Basic Subsidy	: (\$600)
Additional Subsidy	: (\$540)
Net Fee Payable	: \$60

WHO IS ELIGIBLE FOR THE ADDITIONAL SUBSIDY?

To apply for the Additional Subsidy you should be a mother working 56 hours or more per month, have a Singapore citizen child enrolled in a licensed child/infant care centre in Singapore, and your monthly household income should not exceed \$7,500.



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE

<p>This form will take 10 – 15 minutes to complete. You will need the following information:</p> <ul style="list-style-type: none"> • Child's Birth Certificate/ Passport No. • NRIC/ Passport No. and employment details of Mother / Single Father / Guardian 		
SECTION I CENTRE DETAILS		
Centre Name:		
Centre Address:		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SECTION II ENROLMENT DETAILS		
Admission Date ¹ :	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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"/> Half-Day (PM) <input type="checkbox"/> Flexi Care 1 - 12 hours to 24 hours per week <input type="checkbox"/> Flexi Care 2 - Above 24 hours to 36 hours per week <input type="checkbox"/> Flexi Care 3 - Above 36 hours to 48 hours per week <input type="checkbox"/> Flexi Care 4 - Above 48 hours per week <input type="checkbox"/> Emergency Care	<input type="checkbox"/> AM <input type="checkbox"/> PM
Fee Paid for the Enrolment Month:	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 2 weeks Fee <input type="checkbox"/> No Fee / Free Trial / Pro-rate fee less than 2 weeks (not entitled to subsidy) <input type="checkbox"/> No Fee (supported by Family Service Centre / Community Development Council)	
SECTION III 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"/> (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 enrolled in another centre ² ?	<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 1/2/3/4 <input type="checkbox"/> Student Care Services	
SECTION IV 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"/> (dd/mm/yyyy)

¹ Centres are required to provide a trial period of at least 2 weeks for new enrolments.

² This information is for centres to advise parents on eligible programme type if child is enrolled in another centre.

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
<u>Residential Address</u>			
Block No.:	_____	Floor No.:	_____ Unit No.:
Building Name:	_____		
Street Name:	_____		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing Type:	<input type="checkbox"/> HDB 1 room	<input type="checkbox"/> HDB 2 room	<input type="checkbox"/> HDB 3 room <input type="checkbox"/> HDB 4 room <input type="checkbox"/> HDB 5 room & Larger Flats <input type="checkbox"/> Condominium, Private Flats & Landed
Handphone No.:	_____	Home Tel No.:	_____
Email Address:	_____		
Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> Primary Education	<input type="checkbox"/> Secondary (General) <input type="checkbox"/> Secondary (Vocational) <input type="checkbox"/> Junior College/ Centralised Institute <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> University Degree <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____
Working Status:	<input type="checkbox"/> Working 56 hrs or more per month ³	<input type="checkbox"/> On no-pay leave	<input type="checkbox"/> Working less than 56 hrs per month ³ <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)		
<u>Company Address</u> <input type="checkbox"/> Local <input type="checkbox"/> Overseas			
Block No.:	_____	Floor No.:	_____ Unit No.:
Building Name:	_____		
Street Name:	_____		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Office Tel No.:	_____		
Occupation:	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.)	<input type="checkbox"/> Service & Sales Workers <input type="checkbox"/> Executives & Managers <input type="checkbox"/> Public Service <input type="checkbox"/> Technicians & Associate Professionals <input type="checkbox"/> Production Craftsmen & Related Workers <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others _____
SECTION V SPOUSE'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"/> <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 _____
Handphone No.:	_____	Email Address:	_____

³ Inclusive of self-employed, working from home, project basis etc.

Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> Primary Education	<input type="checkbox"/> Secondary (General)
	<input type="checkbox"/> Secondary (Vocational)	<input type="checkbox"/> Junior College/ Centralised Institute	<input type="checkbox"/> Polytechnic Diploma
	<input type="checkbox"/> University Degree	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others _____
Working Status:	<input type="checkbox"/> Working	<input type="checkbox"/> Not Working	
Occupation:	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.)	<input type="checkbox"/> Service & Sales Workers
	<input type="checkbox"/> Executives & Managers	<input type="checkbox"/> Public Service	<input type="checkbox"/> Technicians & Associate Professionals
	<input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Others _____

SECTION VI DECLARATION BY 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.

I hereby consent to the Ministry of Social and Family Development (MSF) 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 Main Applicant

/ /

Date (dd/mm/yyyy)

SECTION VII DECLARATION BY CHILD CARE CENTRE

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.

Name / Designation of CCC Personnel

Signature

/ /

Date (dd/mm/yyyy)

Contact No.



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT
APPLICATION FOR ADDITIONAL SUBSIDY FOR INFANT/CHILD CARE

This form will take 10 – 15 minutes to complete.

Eligibility Criteria

- Singapore Citizen children whose mother/single father is working 56 hours or more per month
- Families with gross monthly household income of \$7,500 and below

Please note that for the purposes of determining your eligibility we will be retrieving your income data from CPF Board. If you are self-employed or do not have a CPF contribution, you are required to declare your income in Section II below.

SECTION I CHILD'S PARTICULARS

Name as in Birth Certificate:

Birth

Certificate No.:

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SECTION II DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT AND SPOUSE

	<u>Main Applicant</u>	<u>Spouse</u> <u>(where applicable)</u>
a) Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you work 56 hrs or more per month but have no CPF contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If either you or your spouse has selected a "Yes" in (a) or (b) above, please declare your monthly income. ¹	\$ _____ .00	\$ _____ .00
If you wish to declare your income directly through our ChildCareLink System, please tick here and access the website at www.childcarelink.gov.sg via Singpass.	<input type="checkbox"/> Declaration via CCLS	<input type="checkbox"/> Declaration via CCLS

SECTION III CONSENT / DECLARATION BY MAIN APPLICANT / SPOUSE

1. I/We are aware that the information provided in this application will be given to and used by the Ministry of Social and Family Development ("MSF") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to MSF and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining 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 CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by MSF and any information that can be derived from those contributions.
3. 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.
4. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

¹ Please note that we may verify your monthly income based on your latest Notice of Assessment from IRAS.

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: _____
NRIC: _____	Name: _____
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"/>	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"/>

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: _____
NRIC: _____	Name: _____
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"/>	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"/>

SECTION IV VERIFICATION / DECLARATION BY CHILD CARE CENTRE		
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.
_____	_____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Name / Designation of CCC Personnel	Signature	Date (dd/mm/yyyy)



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)

If there are 5 or more family members in your household including more than 2 dependents¹, you may wish to apply for the Additional Subsidy based on your family's PCI by completing this form.

This form will take 10 – 15 minutes to complete. You will require family members' NRIC/ Passport No.

Eligibility criteria

- Singapore Citizen children whose mother/single father is working 56 hours or more per month and family Per Capita Income is \$1,875 and below.
- All family members must be related by blood, marriage and/or legal adoption and living in the same residential address as reflected on their NRIC(s) and/or birth certificate(s).
- **Per Capita Income(PCI)** is computed as follows:
$$\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$$

SECTION I CHILD'S PARTICULARS

Name as in Birth Certificate:

Birth

Certificate No.:

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SECTION II APPLICATION FOR ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)

(Please attach copies of the family members' NRIC or BC)

Important: Please declare your monthly income if you are self-employed and have no CPF contribution

	Name of Family Members	NRIC/ BC No.	Date of Birth	Relationship with child	Monthly Income
1					
2					
3					
4					
5					
6					
7					
8					

SECTION III CONSENT / DECLARATION BY MAIN APPLICANT / SPOUSE / FAMILY MEMBERS AGED 21 AND ABOVE

1. I/We are aware that the information provided in this application will be given to and used by the Ministry of Social and Family Development ("MSF") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to MSF and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining 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 CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by MSF and any information that can be derived from those contributions.
3. 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.
4. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

¹ Dependents refer to persons living in the same household who are not earning an income.

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: _____
NRIC: _____	Name: _____
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"/>	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"/>

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: _____
NRIC: _____	Name: _____
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"/>	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"/>

Family Members

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 IV VERIFICATION / DECLARATION BY CHILD CARE CENTRE

Have you verified the following documents and retained a copy at centre for record and audit purposes?
 (Please tick where applicable)

Singapore citizen child's birth certificate

Main applicant / Spouse's NRIC / passport

Family members' NRIC / passport / birth certificate with same residential address as main applicant

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.
_____	_____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name / Designation of CCC Personnel	Signature	Date (dd/mm/yyyy)



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR START-UP GRANT AND/OR FINANCIAL ASSISTANCE

This form is to be completed by the Child Care Centre. Please complete this form if the Applicant's gross monthly household income is \$3,500 or less.

ENROLMENT DETAILS

Name as in Birth Certificate:

Birth Certificate No.:

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SECTION I APPLICATION FOR START-UP GRANT (SUG) FOR FIRST TIME APPLICANTS

1. Registration fee	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>												
2. Deposit (equivalent to one month's fee)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>												
3. School uniform/physical education attire (capped at 3 days' requirement)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>												
4. Insurance (one-off annually)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>												
5. Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>												
Total amount paid will be capped at \$1,000 (excl. GST)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <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>												

SECTION II APPLICATION FOR FINANCIAL ASSISTANCE

SECTION II(A): IF REFERRED BY AGENCY	Referral by (please tick one): <input type="checkbox"/> FSC/ Specialised Centre <input type="checkbox"/> CDC <input type="checkbox"/> MSF	Name of Agency:															
		Name of social worker:															
		Email Address:															
		Co-Payment:	\$ <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> per month														
		Start-up Grant:	\$ <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> No. of previously received Start-up Grant: <table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;"></td> </tr> </table>														
Start Date:	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (mm/yyyy)																
Period:	<table border="1" style="width: 100%; border-collapse: collapse;"> <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> </tr> </table> Month(s)																

SECTION II(B): IF SELF REFERRED (Please tick relevant boxes and attach documents to support case.)	<input type="checkbox"/> Parent(s) seeking employment	<input type="checkbox"/> High cost of caring for sick / disabled dependent
	<input type="checkbox"/> Parent(s) medically unfit for work	<input type="checkbox"/> Caring for relative's child
	<input type="checkbox"/> Parent(s) unable to work due to care giving duties	<input type="checkbox"/> Parent(s) incarcerated
	<input type="checkbox"/> Parent(s) attending full time course	<input type="checkbox"/> Child residing in MSF children's home
	<input type="checkbox"/> Single / divorced / widowed parent	
	<input type="checkbox"/> Others (please specify): _____	

SECTION III DECLARATION BY MAIN APPLICANT AND / OR SPOUSE

1. 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.
2. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Main Applicant as in NRIC/ FIN/ Passport	Signature	<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: 40px; height: 20px; border: 1px solid black;" type="text"/>
		Date (dd/mm/yyyy)

Name of Spouse as in NRIC/ FIN/ Passport (Where applicable)	Signature	<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: 40px; height: 20px; border: 1px solid black;" type="text"/>
		Date (dd/mm/yyyy)

SECTION IV DECLARATION BY CHILD CARE CENTRE

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.
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Name / Designation of CCC Personnel	Signature	<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: 40px; height: 20px; border: 1px solid black;" type="text"/>
		Date (dd/mm/yyyy)

Child Care Centre Personnel:

Please submit a certified true copy of supporting documents **from Section I** within 3 working days to Officer-in- charge:

Ministry of Social and Family Development
 ComCare and Social Support Division
 512 Thomson Road
 #15-00 MSF Building
 Singapore 298136