



CHILD CARE ENROLMENT AND SUBSIDY APPLICATION

This form is used for the purpose of:

- Submitting basic enrolment details (**applicable for all children**)
- Applying for Child Care Subsidies, Start-Up Grant (SUG) and/or financial assistance for child care (CCFA) (**applicable for Singapore Citizen children only**); or
- Updating change in applicant (**for existing enrolled Singapore Citizen children**)

Part 1: Child Enrolment Details

Please complete Part 1 to provide the information on the child(ren).

Child 1										Please fill in this column if you are enrolling for more than one child										
Enrolment Date	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
Name as in Birth Cert / Passport																				
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner										<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner									
Birth Cert / FIN / Passport No.																				
Gender	<input type="checkbox"/> Male					<input type="checkbox"/> Female					<input type="checkbox"/> Male					<input type="checkbox"/> Female				
Race	<input type="checkbox"/> Chinese					<input type="checkbox"/> Indian					<input type="checkbox"/> Chinese					<input type="checkbox"/> Indian				
	<input type="checkbox"/> Malay					<input type="checkbox"/> Others					<input type="checkbox"/> Malay					<input type="checkbox"/> Others				
The following section is to be completed by the centre																				
Centre Details	Centre Name: CREATIVE THINKERS PRESCHOOL PTE LTD Centre Code: PT9437																			
Programme Level	<input type="checkbox"/> Infant Care <input type="checkbox"/> Playgroup <input type="checkbox"/> Pre-Nursery					<input type="checkbox"/> Nursery <input type="checkbox"/> K1 <input type="checkbox"/> K2					<input type="checkbox"/> Infant Care <input type="checkbox"/> Playgroup <input type="checkbox"/> Pre-Nursery					<input type="checkbox"/> Nursery <input type="checkbox"/> K1 <input type="checkbox"/> K2				
Service Type	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day(AM) <input type="checkbox"/> Half Day(PM)					<input type="checkbox"/> Flexi Care 1 <input type="checkbox"/> Flexi Care 3					<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day(AM) <input type="checkbox"/> Half Day(PM)					<input type="checkbox"/> Flexi Care 1 <input type="checkbox"/> Flexi Care 3				
Fee charged for enrolment month	<input type="checkbox"/> Full Month <input type="checkbox"/> No fee charged / Free trial					<input type="checkbox"/> Pro-rate 75% <input type="checkbox"/> Pro-rate 50% <input type="checkbox"/> Pro-rate 25%					<input type="checkbox"/> Full Month <input type="checkbox"/> No fee charged / Free trial					<input type="checkbox"/> Pro-rate 75% <input type="checkbox"/> Pro-rate 50% <input type="checkbox"/> Pro-rate 25%				
Monthly Programme Fee	\$ 1200 / \$880 (less discount if applicable)										\$ _____ (less discount if applicable)									

Part 2: Applicant and Spouse Details

Please complete **Part 2** to provide the information on the applicant and spouse.

Applicant		Spouse
Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Non-parent caregiver (guardian)	<input type="checkbox"/> MSF Foster Parent <input type="checkbox"/> Head, Children Home
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Name (as in NRIC / FIN / Passport)		
NRIC/ FIN / Passport No.		
Date of Birth	<div> <div>D</div><div>D</div><div>/</div> <div>M</div><div>M</div><div>/</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<div> <div>D</div><div>D</div><div>/</div> <div>M</div><div>M</div><div>/</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): <div>DD / MM / YYYY</div> <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): <div>DD / MM / YYYY</div> <input type="checkbox"/> Foreigner
Residential Address	Street and Building Name: <hr/> Block No.: _____ Floor No.: _____ Unit No.: _____ Postal Code: _____	
Contact Details	Mobile No.: _____ Email: _____	Mobile No.: _____ Email: _____

Part 3: Application for Basic and Additional Subsidies (for Singapore Citizen child only)

Please complete **Part 3A** to provide the employment and income details of both applicant and spouse. If your household has **5 or more family members, with at least 3 dependants who are not earning an income**, please also complete **Part 3B** to provide the details of your family members so that Per Capita Income (PCI) of your household can be computed.

- A working applicant refers to one who works at least 56 hours per month.
- For salaried employees, ECDA will retrieve your income data from CPF Board.
- For self-employed individuals, please declare your **average gross monthly income** based on the latest Notice of Assessment from IRAS and submit the relevant supporting documents.

Part 3A: Employment and Income Details of Applicant and Spouse

	Applicant	Spouse
Employment Status	<p>Please tick to select employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY</p> <p><input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p><input type="checkbox"/> Salaried employee <u>and</u> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p>[Go to Part 3(B) if applicable]</p> <p><input type="checkbox"/> Not Working due to the following circumstances:</p> <ul style="list-style-type: none"> ▪ looking for a job ▪ studying / training / on course ▪ medical reasons ▪ caregiving commitments <p>[Go to Part 3(B) if applicable, and Part 4]</p> <p><input type="checkbox"/> Not Working - Skip Part 3(B) and Part 4. [Based on your employment status, you will be eligible for the Basic Subsidy of \$150 only.]</p>	<p>Please tick to select employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY</p> <p><input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p><input type="checkbox"/> Salaried employee <u>and</u> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p><input type="checkbox"/> Not Working</p>

Part 3B: Employment and Income Details of Family Members

- All family members in this Per Capita Income (PCI) application must:
 - be related by blood, marriage and/or legal adoption; and
 - have the same address stated in their NRIC as the applicant.
- For salaried employees, we will retrieve your income data from CPF Board.
- For self-employed individuals, please declare your **average gross monthly income** based on the latest Notice of Assessment from IRAS and submit supporting documents.

Do you have a household with 5 or more family members, including at least 3 dependants with no income?

☐ Yes – Please fill in the details of your family members below.

☐ No – Please skip this section.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date: DD / MM / YYYY <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Part 4: Special Approval (applicable for Singapore Citizen child only)

Please complete **Part 4** if you wish to apply for higher subsidies under Special Approval.

- Non-working mothers / single fathers are eligible for a monthly Basic Subsidy of \$150.
- On a case-by-case basis, ECDA provides higher subsidies to non-working mothers / single fathers, under Special Approval.
- For example, non-working mothers / single fathers who require child care services when they are in the midst of seeking employment, as well as mothers / single fathers who are unable to work due to medical reasons or caregiving commitments may apply for Special Approval.

Applicant is not working due to the following circumstance(s):

Please tick to indicate:

- ☐ Looking for a job
 - ☐ [Optional] I wish to be referred to Workforce Singapore (WSG) for career matching services¹.
- ☐ Studying / Training / On course (for at least 56 hours a month)
- ☐ Pregnancy
- ☐ Medically unfit for work due to hospitalisation, long-term illness and/or permanent disability
- ☐ Taking care of sick or special needs family member
- ☐ Caring full-time for a younger child aged 24 months and below
- ☐ Incarcerated

- **Above reasons apply to applicant (i.e. mother or single father) only.**
- **Supporting documents would be required (where applicable).**
- **Special Approval application will be assessed on a case-by-case basis.**
- **Subsidies approved under Special Approval will be valid for a limited period of time.**

¹ WSG will contact interested applicants to arrange for a meet up to discuss their employment needs.

Part 5: Start-Up Grant and/or Financial Assistance for Child Care (for Singapore Citizen child only)

- Start-Up Grant (SUG) is a one-time grant to cover the initial costs of enrolling a child in an infant/child care centre. SUG is capped at \$1,000 per child (inclusive of GST, if applicable) and covers the registration fee, deposit, school uniform, insurance and mattress.
- Financial assistance for child care provides fee assistance to lower-income families who enrol their child(ren) in affordable² infant/child care programmes, but due to difficult family circumstances³, need help with paying the monthly fees, even after receiving child care subsidies.
- Family's monthly gross household income is \$3,500 and below, or Per Capita Income (PCI) not exceeding \$875.
- All applications will be assessed on a case-by-case basis.

Child 1	
<input type="checkbox"/> Financial Assistance from: _____(MM/YY) to _____(MM/YY) Type of Referral (A or B): <u>A) Referred by agency⁴:</u> <input type="checkbox"/> Family Service Centre (FSC) / other MSF-approved agencies <input type="checkbox"/> MSF/ECDA <u>B) Self-Referred:</u> <input type="checkbox"/> Parent(s) is/are not working and looking for work (through WSG/e2i ⁵ or Others) <input type="checkbox"/> Parent(s) is/are medically unfit to work <input type="checkbox"/> Parent(s) is/are incarcerated <input type="checkbox"/> Parent(s) is/are schooling or on course <input type="checkbox"/> Parent(s) is/are unable to work because caring for a family member who is ill <input type="checkbox"/> Family bears high cost of caring for sick / disabled dependant <input type="checkbox"/> Applicant is the child's guardian (legal guardian or informal guardian) <input type="checkbox"/> Child is a resident in a children's home under MSF's purview <input type="checkbox"/> A single parent and in need of support <input type="checkbox"/> Parent(s) applied for financial assistance at a Social Service Office (SSO) in the last 3 months ⁶ (Centre is to upload this Form 1 Part 5 in CMS.) <input type="checkbox"/> Others: _____	<input type="checkbox"/> Start-Up Grant (SUG) – If the child has benefitted from SUG previously, this application would be considered on an appeal basis only. <u>To be completed by the centre⁷:</u> <ul style="list-style-type: none"> • Registration fee (one-off upon enrolment) \$ _____ • Deposit (equivalent to one month's fee, and retained in MSF upon SUG approval) \$ _____ • School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) \$ _____ • Insurance (one-off upon enrolment) \$ _____ • Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces) \$ _____

² The family needs to consider if the monthly fee is affordable and within its budget, and would not lead to financial strain.

³ Assistance is meant for families with working parents. If one parent is not working but is (i) in the process of looking for work, (ii) on medical leave, (iii) incarcerated (e.g. in prison, undergoing drug rehabilitation), (iv) a certified full-time caregiver for a dependant, or (v) have other valid reasons, the parent must provide relevant supporting documents for the application.

⁴ Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.

⁵ If the non-working parent is receiving help from WSG/e2i to find work, no supporting document is needed unless MSF otherwise specifies.

⁶ No supporting document is needed unless MSF otherwise specifies.

⁷ All items are for use in the current school year upon enrolment in the Centre only.

Child 2

☐ **Financial Assistance from:**
 _____(MM/YY) to _____(MM/YY)

Type of Referral (A or B):**A) Referred by agency⁸:**

- ☐ Family Service Centre (FSC) / other MSF-approved agencies
☐ MSF/ECDA

B) Self-Referred:

- ☐ Parent(s) is/are not working and looking for work (through WSG/e2i⁹ or Others)
☐ Parent(s) is/are medically unfit to work
☐ Parent(s) is/are incarcerated
☐ Parent(s) is/are schooling or on course
☐ Parent(s) is/are unable to work because caring for a family member who is ill
☐ Family bears high cost of caring for sick / disabled dependant
☐ Applicant is the child's guardian (legal guardian or informal guardian)
☐ Child is a resident in a children's home under MSF's purview
☐ A single parent and in need of support
☐ Parent(s) applied for financial assistance at a Social Service Office (SSO) in the last 3 months¹⁰ (Centre is to upload this Form 1 Part 5 in CMS.)
☐ Others: _____

☐ **Start-Up Grant (SUG)** – If the child has benefitted from SUG previously, this second application would be considered on an appeal basis only.

To be completed by the centre¹¹:

- Registration fee (one-off upon enrolment)
\$ _____
- Deposit (equivalent to one month's fee and retained in MSF upon SUG approval)
\$ _____
- School uniform/physical education attire (on a needs basis, capped at 3 days' requirement)
\$ _____
- Insurance (one-off upon enrolment)
\$ _____
- Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces)
\$ _____

⁸ Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.

⁹ If the non-working parent is receiving help from WSG/e2i to find work, no supporting document is needed unless MSF otherwise specifies.

¹⁰ No supporting document is needed unless MSF otherwise specifies.

¹¹ All items are for use in the current school year upon enrolment in the Centre only.

Part 6: Consent and Declaration by Applicant / Spouse / Family Members

1. I/We understand that Government of Singapore as represented by the Ministry of Social and Family Development ("MSF") and the Early Childhood Development Agency ("ECDA") require my/our personal information and the personal information of my/our family members included in this application for the purpose of assessing and/or re-assessing my/our eligibility for the infant/child care subsidies, Kindergarten Fee Assistance Scheme ("KiFAS"), financial assistance for child care ("CCFA") and/or Start-Up Grant ("SUG") at any point(s) in time during the period of this consent.
2. I/We hereby consent and agree to the following agencies disclosing to MSF and ECDA my/our personal information and the personal information of my/our family members included in this application, to the extent permitted by law, strictly for the purpose specified in paragraph 1:
 - 2.1. The Comptroller of Income Tax disclosing my/our annual employment and/or trade income as assessed by the Inland Revenue Authority of Singapore within the last 2 assessment years;
 - 2.2. The Central Provident Fund ("CPF") Board disclosing the CPF contributions submitted by my/our employer(s) for the period of 12 months preceding the date of request for information by MSF and ECDA, and any information that can be derived from those CPF contributions;
 - 2.3. The Immigration and Checkpoints Authority disclosing my/our personal information and the personal information of my/our children and family members included in this application form;
 - 2.4. The Registry of Marriages or the Registry of Muslim Marriages disclosing the information related to my/our marital status;
 - 2.5. If applicable, the Singapore Prison Service disclosing information related to my/our period(s) of incarceration; and
 - 2.6. If applicable, the Ministry of Manpower disclosing information related to my/our work pass validity.
3. I/We understand that MSF and ECDA may, without further reference to me/us, collect, share and use my/our personal information and the personal information of my/our children included in this application, to the extent permitted by each of the agencies stated in paragraphs 2.1 to 2.6, for data analysis and policy making.
4. I/We consent and allow the early childhood development centre (the "ECDC") indicated in this application to apply for the infant/child care subsidies, KiFAS, CCFA and/or SUG on my/our behalf.
5. My/Our consent under paragraphs 2 and 3 shall remain valid until:
 - 5.1. One year after my/our child (or where applicable, last child) covered by this consent has withdrawn from the ECDC; or
 - 5.2. I/We withdraw it in writing, whichever is earlier.
6. I/We understand that my/our personal information may still be used for audit purposes for up to one year after my/our consent has expired or been withdrawn in paragraphs 5.1 or 5.2 (as applicable), to ensure that the right amount of infant/child care subsidies, KiFAS, CCFA and/or SUG has/have been provided to me/us during the period(s) of consent.
7. I/We consent to ECDA releasing my/our particulars included in this application to the Health Promotion Board ("HPB") for the purpose of my/our children being screened under the health programmes of HPB. My/Our consent shall remain valid until my/our child covered by this consent has withdrawn from the ECDC or I/we withdraw it in writing.
8. I/We acknowledge that it could take up to 10 working days from the date of receipt by ECDA of the request, before any withdrawal of consent at paragraphs 5.2 and 7 takes effect. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg or by sending a written request to: 51, Cuppage Road, #08-01 Singapore 229469 (attention to: Subsidy Branch).
9. 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 misleading or do not believe to be true.
10. I/we understand that the onus is on me/ us to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to ECDA or MSF, my/our application may be rejected or any prior approval may be withdrawn. In addition, I/we may be required to repay, in full or part, the subsidy and/or financial assistance provided to me/us by the Government.
11. I/we fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine the amount of subsidy and/or assistance to be granted to me/us. I/ we are aware that if there are any payments made in mistake or error, I/we may be required to return any such payment to the Government.
12. I/We have read and understood this consent form fully. The terms of this consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Applicant**Consent from parent / guardian:**

If the applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant.

(Signature of applicant)

(Signature of parent / guardian of applicant)

Relationship to applicant:

Name: _____

Name: _____

NRIC / FIN No.: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

Date of consent: DD / MM / YYYY

Applicant's Spouse**Consent from parent / guardian:**

If the applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant's spouse.

(Signature of spouse)

(Signature of parent / guardian of spouse)

Relationship to applicant's spouse:

Name: _____

Name: _____

NRIC / FIN No.: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

Date of consent: DD / MM / YYYY

Family Members

Complete this section only if you are applying for Additional Subsidy by PCI (please refer to Part 3B of application).

Name: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

(Signature of family member)

Name: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

(Signature of family member)

Name: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

(Signature of family member)

Name: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

(Signature of family member)

Name: _____

NRIC / FIN No.: _____

Date of consent: DD / MM / YYYY

(Signature of family member)

Part 7: Declaration by Licensee / authorised personnel of Early Childhood Development Centre

1. I am [the Licensee / authorised by the Licensee of this Centre] to complete this declaration.
2. I am aware that all information submitted relating to the applicant, child and/or any family members is strictly confidential. The Centre is required to maintain the confidentiality of all such information and records in accordance with law, including the Personal Data Protection Act 2012 and the Early Childhood Development Centres Regulations 2018.
3. I have verified¹² the above information to be true, to the best of my knowledge and belief. I understand that I/our Centre may be liable to prosecution for any information furnished which I know to be false or do not believe to be true.
4. I understand that any part of this application improperly completed may lead to the rejection of the application.

CREATIVE THINKERS PRESCHOOL	PT9437	64620678
Name of Childcare Centre	Centre Code	Contact No.
SAKINAH DOLLAH		DD / MM / YYYY
Name / Designation of Personnel	Signature	Date

¹² Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.

DECLARATION FORM

This form is for the purpose of child care / KiFAS application and is to be submitted with:

- Form 1 / KF1 – Child Care Enrolment and Subsidy / KiFAS Application
(for Singapore Citizen children during enrolment); or
- Form 2 / KF2 – Subsidy / KiFAS Update and Special Approval Application
(for existing enrolled Singapore Citizen children)

I, _____, NRIC/ FIN/ Passport No.: _____

Address: _____

do solemnly and sincerely declare that:

Please tick the relevant section and complete the details:

☐ **Section I: Self-employed Person without IRAS Notice of Assessment (NOA) i.e. annual income of less than \$22,000**

(1) I am working as a (pls select accordingly)

☐ **Hawker / Food Caterer:**

Stall / Company Name: _____.

NEA license / Business registration No.: _____, Effective Date: _____.
(dd/mm/yyyy)

Note: Please provide a copy of the stall owner's NEA licence for verification.

☐ **Private Tutor / Babysitter**

In the past year, I am rendering / have rendered my services to the following persons:

S/N	Name of child's parent	Child parent's NRIC No.	Mobile Number	Child's Name	Child's BC No.	Commencement Date of Service (dd/mm/yyyy)

☐ **Freelancer / Homebased Business e.g. Online business owner / Commodity Broker**

In the past year, I am rendering / have rendered my services to the following persons:

S/N	Name of Client	Mobile Number	Commencement Date of Service (dd/mm/yyyy)

☐ **Business Owner or Partner:**

Company Name: _____.

Business registration No.: _____, Effective Date: _____.
(dd/mm/yyyy)

☐ **Others:**

Occupation: _____ at _____.
(nature of job) (company name)

Effective Date: _____.
(dd/mm/yyyy)

(2) I declare that I work at least 56 hours per month **(applicable to main applicant only)**.

(3) My gross monthly income is \$_____.

☐ **Section II: Salaried Employee without CPF Contribution e.g. Hawker Assistant**

(1) I am working as a _____.
(occupation)

At _____ effective from _____.
(company name) (dd/mm/yyyy)

(2) I declare that I work at least 56 hours per month **(applicable to main applicant only)**.

(3) My gross monthly income is \$_____.

Note: Please provide a copy of the stall owner's NEA licence for verification.

☐ **Section III: Separated from Spouse or Undergoing Divorce**

(1) I am separated / not in contact with my spouse since _____ (dd/mm/yyyy)
due to _____ (reason).

(2) My spouse's particulars are as follows:

- Name: _____
- NRIC / Identification no.: _____

(3) I am caring for my child / children whose particulars are as follows:

S/N	Name of Child	Birth Certificate No.

☐ **Section IV: Non-Parent Care Giver**

(1) I am the primary care-giver for the following child(ren) since _____ (dd/mm/yyyy).

Reason why I am caring for the child(ren) is: _____
_____.

(2) The particulars of the child(ren) is/are as follows:

S/N	Name of Child	Birth Certificate No.	Relationship with Child

(3) The above child(ren) is/are residing with me at _____

(address)

Consent and Declaration by Applicant

1. I/We understand that Government of Singapore as represented by the Ministry of Social and Family Development ("MSF") and the Early Childhood Development Agency ("ECDA") require my/our personal information and the personal information of my/our family members included in this application for the purpose of assessing and/or re-assessing my/our eligibility for the infant/child care subsidies, Kindergarten Fee Assistance Scheme ("KiFAS"), financial assistance for child care ("CCFA") and/or Start-Up Grant ("SUG") at any point(s) in time during the period of this consent.
2. I/We hereby consent and agree to the following agencies disclosing to MSF and ECDA my/our personal information and the personal information of my/our family members included in this application, to the extent permitted by law, strictly for the purpose specified in paragraph 1:
 - 2.1. The Comptroller of Income Tax disclosing my/our annual employment and/or trade income as assessed by the Inland Revenue Authority of Singapore within the last 2 assessment years;
 - 2.2. The Central Provident Fund ("CPF") Board disclosing the CPF contributions submitted by my/our employer(s) for the period of 12 months preceding the date of request for information by MSF and ECDA, and any information that can be derived from those CPF contributions;
 - 2.3. The Immigration and Checkpoints Authority disclosing my/our personal information and the personal information of my/our children and family members included in this application form;
 - 2.4. The Registry of Marriages or the Registry of Muslim Marriages disclosing the information related to my/our marital status;
 - 2.5. If applicable, the Singapore Prison Service disclosing information related to my/our period(s) of incarceration; and
 - 2.6. If applicable, the Ministry of Manpower disclosing information related to my/our work pass validity.
3. I/We understand that MSF and ECDA may, without further reference to me/us, collect, share and use my/our personal information and the personal information of my/our children included in this application, to the extent permitted by each of the agencies stated in paragraphs 2.1 to 2.6, for data analysis and policy making.
4. I/We consent and allow the early childhood development centre (the "ECDC") indicated in this application to apply for the infant/child care subsidies, KiFAS, CCFA and/or SUG on my/our behalf.
5. My/Our consent under paragraphs 2 and 3 shall remain valid until:
 - 5.1. One year after my/our child (or where applicable, last child) covered by this consent has withdrawn from the ECDC; or
 - 5.2. I/We withdraw it in writing. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg or by sending a written request to: 51, Cuppage Road, #08-01 Singapore 229469 (attention to: Subsidy Branch).
6. I/We understand that my/our personal information may still be used for audit purposes for up to one year after my/our consent has been withdrawn or overridden in paragraphs 5.1 or 5.2 (as applicable), to ensure that the right amount of infant/child care subsidies, KiFAS, CCFA and/or SUG has/have been provided to me/us during the period(s) of consent.
7. I/We consent to ECDA releasing my/our particulars included in this application to the Health Promotion Board ("HPB") for the purpose of my/our children being screened under the health programmes of HPB. My/Our consent shall remain valid until I/we withdraw it in writing.
8. 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 misleading or do not believe to be true.
9. I/we understand that the onus is on me/ us to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to ECDA or MSF, my/our application may be rejected or any prior approval may be withdrawn. In addition, I/we may be required to repay, in full or part, the subsidy and/or financial assistance provided to me/us by the Government
10. I/we fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine the amount of subsidy and/or assistance to be granted to me/us. I/ we are aware that if there are any payments made in mistake or error, I/we may be required to return any such payment to the Government.
11. I/We acknowledge that it could take up to 10 working days from the date of receipt by ECDA of the request, before any withdrawal of consent at paragraph 5.2 takes effect.
12. I/We have read and understood this consent form fully. The terms of this consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Name and NRIC/FIN/Passport No.

Signature of Declarant

DD / MM / YYYY
Date

Declaration by Licensee / authorised personnel of Early Childhood Development Centre

1. I am [the Licensee / authorised by the Licensee of this Centre] to complete this declaration.
2. I am aware that all information submitted is strictly confidential. The Centre is required to maintain the confidentiality of all such information and records in accordance with law, including the Personal Data Protection Act 2012 and the Early Childhood Development Centres Regulations 2018.
3. I have verified¹ the above information to be true, to the best of my knowledge and belief. I understand that I/our Centre may be liable to prosecution for any information furnished 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.

CREATIVE THINKERS PRESCHOOL	PT9437	64620678
Name of Centre / Kindergarten	Centre Code	Contact No.
SAKINAH DOLLAH/PRINCIPAL		DD / MM / YYYY
Name / Designation of Personnel	Signature	Date

¹ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.