



**SUBSIDY UPDATE
AND SPECIAL APPROVAL APPLICATION
(EXISTING ENROLMENT)**

This form is used for the purpose of:

- Updating child and/or applicant/spouse's details (**for existing enrolled Singapore Citizen children**); or
- Applying for / renewing Special Approval, Start-Up Grant (SUG) and/or financial assistance for child care (CCFA) for children who are already enrolled in the centre (**applicable for Singapore Citizen children only**)

Part 1: Child Details

	Child 1	Please fill in this column if you are updating for more than one child
Name as in Birth Certificate / Passport		
Birth Certificate / FIN / Passport No.		

Part 2: Purpose of Application

Please tick to indicate the purpose of application and proceed to the relevant Section(s):

Section A: Update of Child Details	
<input type="checkbox"/> Programme Type	→ Section A (1)
<input type="checkbox"/> Programme Fee	→ Section A (2)
<i>Note:</i> For update of child's Singapore Citizenship status, please submit Form 1 (Enrolment and Subsidy Application) to apply for child care subsidies directly.	
Section B: Update of Applicant / Spouse Details	
<input type="checkbox"/> Marital Status	→ Section B (1)
<input type="checkbox"/> Nationality	→ Section B (2)
<input type="checkbox"/> Working Status and/or Income	→ Section B (3)
Section C: Update of Per Capita Income (PCI)	
<input type="checkbox"/> Per Capita Income (PCI) Application	→ Section C
Section D: Special Approval Application	
<input type="checkbox"/> Special Approval	→ Section D
Section E: Start-Up Grant (SUG) / Financial Assistance for Child Care (CCFA) Application	
<input type="checkbox"/> Start-Up Grant (SUG)	→ Section E
<input type="checkbox"/> Financial assistance for child care (CCFA)	→ Section E

Section A: Update of Child's Details

- You are only required to complete the relevant section(s).
- Please submit the relevant supporting documents.

(1) Change in Programme Type

	Child 1	Child 2
New Programme Level	<input type="checkbox"/> Infant Care <input type="checkbox"/> Nursery <input type="checkbox"/> Playgroup <input type="checkbox"/> K1 <input type="checkbox"/> Pre-Nursery <input type="checkbox"/> K2	<input type="checkbox"/> Infant Care <input type="checkbox"/> Nursery <input type="checkbox"/> Playgroup <input type="checkbox"/> K1 <input type="checkbox"/> Pre-Nursery <input type="checkbox"/> K2
New Service Type	<input type="checkbox"/> Full Day <input type="checkbox"/> Flexi Care 1 <input type="checkbox"/> Half Day(AM) <input type="checkbox"/> Flexi Care 3 <input type="checkbox"/> Half Day(PM)	<input type="checkbox"/> Full Day <input type="checkbox"/> Flexi Care 1 <input type="checkbox"/> Half Day(AM) <input type="checkbox"/> Flexi Care 3 <input type="checkbox"/> Half Day(PM)
Fee Paid for New Programme	\$ _____ (less discount if applicable)	\$ _____ (less discount if applicable)
Effective Start Date	DD / MM / YYYY	DD / MM / YYYY

(2) Change in Programme Fee

	Child 1	Child 2
New Programme Fee	\$ _____ (after discount if applicable)	\$ _____ (after discount if applicable)
Effective Start Date	DD / MM / YYYY	DD / MM / YYYY

Section B: Update of Applicant's and/or Spouse's Details

- You are only required to complete the relevant section(s).
- You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you **do not** need to fill in details of Spouse.
- The applicant refers to the **mother**. Where the mother is unavailable for divorced / separation / widowed cases, the applicant will be the single father.
- Please submit the relevant supporting documents.

Applicant and/or Spouse Details

Applicant		Spouse
Name as in NRIC / FIN / Passport		
NRIC / FIN / Passport No.:		

(1) Change in Marital Status

Applicant		Spouse
New Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Effective Start Date	DD / MM / YYYY	DD / MM / YYYY

(2) Change in Nationality

Applicant		Spouse
Change in Nationality to:	<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
Effective Start Date	DD / MM / YYYY	DD / MM / YYYY

(3) Change in Working Status and/or Income

You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you **do not** need to fill in details of Spouse.

- 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 the relevant supporting documents.

	Applicant	Spouse
Employment Status	<p>Please tick to <u>select the new</u> employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p style="margin-left: 40px;"><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 style="margin-left: 40px;"><input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Salaried employee <u>and</u> Self-employed \$ _____ (Average Gross Monthly Income)</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>[Please go to Section D]</p> <p><input type="checkbox"/> Not Working</p>	<p>Please tick to <u>select the new</u> employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p style="margin-left: 40px;"><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 style="margin-left: 40px;"><input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Salaried employee <u>and</u> Self-employed \$ _____ (Average Gross Monthly Income)</p> <p><input type="checkbox"/> Not Working</p>
Effective Start Date	DD / MM / YYYY	DD / MM / YYYY

Section C: Update of Per Capita Income (PCI) Application

- 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 (i.e. mother or single parent).
- 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)

Section D: Special Approval

- Please complete this section if you wish to submit a **new application for Special Approval** or seek **extension** of existing approved subsidy under **Special Approval**.
- **Extension will be granted on a case-by-case basis and subject to ECDA's approval.**
- **There will be no extension for certain cases.**
- Non-working mothers are eligible for a monthly Basic Subsidy of \$150.
- On a case-by-case basis, ECDA provides higher subsidies to non-working mothers, **under Special Approval**.
- For example, non-working mothers who require child care services when they are in the midst of seeking employment, as well as mothers who are unable to work due to medical reasons or caregiving commitments.
- ECDA will also consider applications from non-parent caregivers under Special Approval, on a case-by-case basis.

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

Please tick to indicate reason:

- 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.**

Applicant is a non-parent caregiver:

Please tick to indicate relationship to child:

- Legal Guardian
- Non-parent Caregiver
- MSF Foster Parent
- Head, Children Home

- **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.

Section E: 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)	<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.
<p>Type of Referral (A or B):</p> <p>A) Referred by agency⁴:</p> <input type="checkbox"/> Family Service Centre (FSC) / other MSF-approved agencies <input type="checkbox"/> MSF/ECDA <p>B) Self-Referred:</p> <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 2 Section E in CMS.) <input type="checkbox"/> Others: _____	<p>To be completed by the centre⁷:</p> <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 2 Section E in CMS)
 Others: _____

Start-Up Grant (SUG) – If the child has benefitted from SUG previously, this 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 3: 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

<p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of applicant)</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p><u>Consent from parent / guardian:</u></p> <p>If the applicant is below 21 years old, please provide the consent and particulars of the parent / guardian of the applicant.</p> <p>_____</p> <p style="text-align: center;">(Signature of parent / guardian of applicant)</p> <p>Relationship to applicant:</p> <p>_____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>
--	--

Applicant's Spouse

<p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of spouse)</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p><u>Consent from parent / guardian:</u></p> <p>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.</p> <p>_____</p> <p style="text-align: center;">(Signature of parent / guardian of spouse)</p> <p>Relationship to applicant's spouse:</p> <p>_____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>
---	--

Family Members

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

<p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p>_____</p> <p>(Signature of family member)</p>
<p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p>_____</p> <p>(Signature of family member)</p>
<p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p>_____</p> <p>(Signature of family member)</p>
<p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p>_____</p> <p>(Signature of family member)</p>
<p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p>_____</p> <p>(Signature of family member)</p>

Part 4: 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 PTE LTD	PT 9437	64620678
Name of Childcare Centre	Centre Code	Contact No.
SAKINAH DOLLAH/PRINCIPAL		
Name / Designation of Personnel	Signature	DD / MM / YYYY Date

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