



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 Child Care Financial Assistance (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"/> Malay <input type="checkbox"/> Others					<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others														
The following section is to be completed by the centre																				
Centre Details	Centre Name: _____ Centre Code: _____																			
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														
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 charged for enrolment month	<input type="checkbox"/> Full Month <input type="checkbox"/> Pro-rate 75% <input type="checkbox"/> No fee charged / Free trial <input type="checkbox"/> Pro-rate 50% <input type="checkbox"/> Pro-rate 25%					<input type="checkbox"/> Full Month <input type="checkbox"/> Pro-rate 75% <input type="checkbox"/> No fee charged / Free trial <input type="checkbox"/> Pro-rate 50% <input type="checkbox"/> Pro-rate 25%														
Monthly Programme Fee	\$ _____ (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	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 (indicate start date of Permanent Residency): D D / M M / Y Y Y Y <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): D D / M M / Y Y Y Y <input type="checkbox"/> Foreigner
Residential Address	Street and Building Name: _____ Block No.: _____ Floor No.: _____ Unit No.: _____ Postal Code: _____	
Contact Details	Mobile No.: _____ Email: _____	Mobile No.: _____ Email: _____

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

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

Please complete **Part 3A** to provide the employment and income details of both applicant and spouse.

- A working applicant refers to one who works **at least 56 hours per month**.
- For **salaried employees**, ECDA will retrieve your income data from the Central Provident Fund (CPF) Board and the Inland Revenue Authority of Singapore (IRAS). Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For **self-employed individuals**, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year¹ (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.

Applicant	Spouse
<p>Please tick to select employment status and complete the details. Regardless of the applicant's working status, if you are living in HDB's Public Rental Scheme or receiving MSF's ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA), please fill in Part 3B.</p> <p><input type="checkbox"/> Working</p> <p style="margin-left: 20px;"><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="margin-left: 40px;">*If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p style="margin-left: 20px;"><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="margin-left: 40px;">*If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income)</p> <ul style="list-style-type: none"> • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p>[Go to Part 3(C) if applicable]</p> <p><input type="checkbox"/> Not Working but applying for Special Approval (SA)² and/or Child Care Financial Assistance (CCFA) [See Part 3(B), Part 3(C) and Part 4 for details, fill where applicable]</p> <p><input type="checkbox"/> Not Working and not applying for SA or CCFA - Skip Part 3(B), Part 3(C) 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.</p> <p><input type="checkbox"/> Working</p> <p style="margin-left: 20px;"><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="margin-left: 40px;">*If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p style="margin-left: 20px;"><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="margin-left: 40px;">*If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income)</p> <ul style="list-style-type: none"> • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Not Working</p>

¹ Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

² Applicants may apply for Special Approval if they are unable to work due to valid reasons, such as medical reasons, caregiving commitments, looking for a job, studying / training / on course, etc. For more details, see Part 3(B)(I).

Part 3B: Special Approval

Please complete **Part 3B** to apply for higher subsidies under **Special Approval**.

(I) Non-Working Applicant

- Non-working mothers / single fathers are eligible for a monthly Basic Subsidy of \$150³.
- ECDA provides higher subsidies on a time-limited basis to mothers / single fathers who are unable to work due to valid reasons under Special Approval.
- Supporting documents (where applicable) are required.

(II) Households under the HDB's Public Rental Scheme or MSF's ComCare Assistance

- ECDA will qualify families⁴ under HDB's Public Rental Scheme or MSF's ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA) for the working mother Basic Subsidy and maximum Additional Subsidy⁵.
- Supporting documents are not required at the point of application, unless the family is also applying for **Child Care Financial Assistance (CCFA)** (Part 4).
- Children from low-income households and enrolled in affordable preschools may also wish to apply for the **Start-Up Grant** (Part 4).

(I) Non-Working Applicant:	(II) Households under HDB's Public Rental Scheme or MSF's ComCare Assistance:
<p>Please tick to indicate reasons for not working:</p> <p><input type="checkbox"/> Looking for a job <input type="checkbox"/> [Optional] I wish to be referred to Workforce Singapore (WSG) for career matching services⁶.</p> <p><input type="checkbox"/> Studying / Training / On course (for at least 56 hours a month)</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Medically unfit for work due to hospitalisation, long-term illness and/or permanent disability</p> <p><input type="checkbox"/> Taking care of sick or special needs family member</p> <p><input type="checkbox"/> Caring full-time for a younger child aged 24 months and below</p> <p><input type="checkbox"/> Incarcerated</p>	<p>Please tick to indicate if your family is currently under the following scheme(s):</p> <p><input type="checkbox"/> HDB's Public Rental Scheme</p> <p><input type="checkbox"/> MSF's ComCare Short-to-Medium-Term Assistance or Long-Term Assistance</p>

³ For Full-Day, Half-Day and Flexi Care 3 programmes. The non-working mother Basic Subsidy for Flexi Care 1 is \$55.

⁴ Not applicable to foster parents or Children's Homes. For those who require further financial assistance, please refer to Part 4.

⁵ This will take effect from 1 August 2020, or the start date of rental tenancy or ComCare support, whichever is later.

⁶ WSG will contact interested applicants to arrange for a meet-up to discuss their employment needs.

Part 3C: Employment and Income Details of Family Members

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

- 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, ECDA will retrieve your income data from the CPF Board and IRAS. Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year⁷ (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.

Do you have a household with 5 or more family members, including at least 3 dependants with no income?				
<input type="checkbox"/> Yes – Please fill in the details of your family members below. <input type="checkbox"/> 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 and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <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 and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

⁷ Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

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 and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <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 and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <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 and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Part 4: Start-Up Grant and/or Child Care Financial Assistance (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.
- **Child Care Financial Assistance (CCFA)** provides fee assistance to lower-income, working parents who enrol their child(ren) in affordable⁸ infant/child care programmes, but due to difficult family circumstances, need help with paying the monthly fees, even after receiving child care subsidies. Both parents should be working. Parents who are unable to work due to valid reasons may also apply. Valid reasons include looking for work, medically unfit for work, incarcerated, etc.
- 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	
<p><input type="checkbox"/> Child Care Financial Assistance from: _____(MM/YY) to _____(MM/YY)</p> <p>Type of Referral (A or B): A) Referred by agency⁹: <input type="checkbox"/> Family Service Centre (FSC) / other MSF-approved agencies <input type="checkbox"/> MSF</p> <p>B) Self-Referred: <input type="checkbox"/> Parent(s) is/are not working and looking for work¹⁰ (through WSG/e2i 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 months¹¹ (Centre should upload this page, Form 1 Part 4, in CMS.) <input type="checkbox"/> Others¹²: _____</p>	<p><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> <div style="background-color: #f2f2f2; padding: 5px;"> <p><u>To be completed by the centre¹³:</u></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) \$ _____ </div>

⁸ The family needs to consider if the monthly fee is affordable and within its budget, and would not lead to financial strain.

⁹ Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.

¹⁰ No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹¹ Applicable only for Comcare Short-to-Medium-Term Assistance and Comcare Long-Term Assistance. No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹² To indicate the reason(s) for the application and provide the relevant supporting documents (where applicable).

¹³ All items are for use in the current school year upon enrolment in the Centre only.

Child 2

Child Care Financial Assistance from:
 _____(MM/YY) to _____(MM/YY)

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

Type of Referral (A or B):

A) Referred by agency¹⁴:

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

B) Self-Referred:

- Parent(s) is/are not working and looking for work¹⁵ (through WSG/e2i 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 months¹⁶ (Centre should upload this page, Form 1 Part 4, in CMS.)
- Others¹⁷: _____

To be completed by the centre¹⁸:

- 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)
\$ _____

¹⁴ Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.

¹⁵ No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹⁶ Applicable only for Comcare Short-to-Medium-Term Assistance and Comcare Long-Term Assistance. No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹⁷ To indicate the reason(s) for the application and provide the relevant supporting documents (where applicable).

¹⁸ All items are for use in the current school year upon enrolment in the Centre only.

Part 5: 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”), Start-Up Grant (“SUG”), KidSTART, and/or other relevant kindergarten, infant or childcare assistance or programmes provided by ECDA or its appointed agencies (“Pre-School Subsidies and/or Programmes”) 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, where applicable, 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. The Singapore Prison Service disclosing information related to my/our period(s) of incarceration;
 - 2.6. The Ministry of Manpower disclosing information related to my/our work pass validity;
 - 2.7. The Housing & Development Board disclosing information related to my tenancy; and
 - 2.8. MSF disclosing information related to my Comcare Short-To-Medium-Term Assistance or Long-Term Assistance.
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 paragraph 2, for analysis and evaluation to improve and/or make changes to the assistance or programmes specified in paragraph 1, and/or to create new social services or public assistance schemes.
4. I/We further consent for MSF and ECDA to share my/our information and the personal information of my/our children included in this application with ECDA’s appointed agencies for the application of any of the Pre-School Subsidies and/or Programmes, or for outreach and/or service delivery purposes if my/our children is assessed to be eligible for any of the Pre-School Subsidies and/or Programmes.
5. I/We consent and allow the early childhood development centre (the “ECDC”) indicated in this application to apply for any of the Pre-school Subsidies and/or Programmes on my/our behalf.
6. My/Our consent under paragraphs 2 to 4 shall remain valid until:
 - 6.1. One year after my/our child (or where applicable, last child) covered by this consent has withdrawn from the ECDC; or
 - 6.2. I/We withdraw it in writing, whichever is earlier.
7. 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 6.1 or 6.2 (as applicable).
8. 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.
9. I/We acknowledge that it could take up to 15 working days from the date of receipt by ECDA of the request, before any withdrawal of consent at paragraphs 6.2 and 8 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).
10. 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.
11. 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.
12. 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.
13. 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 style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of parent / guardian of applicant)</p> <p>Relationship to applicant:</p> <p style="text-align: center;">_____</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 style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of parent / guardian of spouse)</p> <p>Relationship to applicant's spouse:</p> <p style="text-align: center;">_____</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 Part 3C 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 6: 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 verified¹⁹ 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.

Name of Centre	Centre Code	Contact No.
		DD / MM / YYYY
Name / Designation of Personnel	Signature	Date

¹⁹ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.