

## Explanatory Notes on Government Subsidies for Infant and Child Care for Parents and Centres

### a) How to fill in the Child Care Enrolment and Subsidy Application Form (i.e. Form 1)

If your child is a	Please complete the following parts
Singapore Citizen	<ul style="list-style-type: none"> <li>• <u>Part 1</u>: Child Enrolment Details</li> <li>• <u>Part 2</u>: Applicant and Spouse Details               <ul style="list-style-type: none"> <li>- The <b>applicant</b> in Part 2 refers to the <b>mother</b>.</li> <li>- If the mother is unavailable for divorced/separation/widowed cases, the applicant will be the single father.</li> </ul> </li> <li>• <u>Part 3</u>: Application for <b>Basic and Additional Subsidies</b> <ul style="list-style-type: none"> <li>• <u>Part 3A</u>: Employment and Income Details of Applicant and Spouse                   <ul style="list-style-type: none"> <li>- To provide the employment and income details of both applicant and spouse; and/or</li> </ul> </li> <li>• <u>Part 3B</u>: Employment and Income Details of Family Member(s)                   <ul style="list-style-type: none"> <li>- To provide the details of family members if you have 5 or more family members with at least 3 dependants who are not earning an income</li> </ul> </li> </ul> </li> <li>• <u>Part 6</u>: Declaration by Applicant and Spouse, and Family Members (if applying for subsidy via Per Capita Income)</li> </ul>
Singapore Citizen and is applying for <b>Special Approval</b> and <b>Start-Up Grant</b> and/or <b>Child Care Financial Assistance</b>	<ul style="list-style-type: none"> <li>• Complete the same parts as an application for Singaporean Child, i.e. <b>Parts 1 to 3</b></li> <li>• <u>Part 4: Special Approval</u> <ul style="list-style-type: none"> <li>- For non-working mothers who would like to apply for higher subsidy support, as they are in the midst of seeking employment or are unable to work due to medical reasons or caregiving commitments (e.g. caring for sick/special needs family members or a younger child aged 24 months and below)</li> <li>- For job-seeking mothers who would like to be referred to WSG for career matching services, WSG will contact you to arrange for a meet up to further discuss your employment needs.</li> </ul> </li> <li>• <u>Part 5: Start-Up Grant</u> and/or <b>Child Care Financial Assistance</b> <ul style="list-style-type: none"> <li>- To apply for Start-Up Grant and/or Child Care Financial Assistance if your gross household income is \$3,500 or below, or gross per capita income is \$875 or below.</li> </ul> </li> <li>• <u>Part 6</u>: Declaration by Applicant and Spouse, and Family Members (if applying for subsidy via Per Capita Income)</li> </ul>
Non-Singapore Citizen	<ul style="list-style-type: none"> <li>• <u>Part 1</u>: Child Enrolment Details</li> <li>• <u>Part 2</u>: Applicant and Spouse Details</li> <li>• <u>Part 6</u>: Declaration by Applicant and Spouse</li> </ul>

Please refer to the [checklist](#) to provide the relevant supporting documents that are required for a complete submission.

## b) Different Types of Income Earners

Type	Details		
Salaried employees	<ul style="list-style-type: none"> <li>Average gross monthly income is computed based on income derived from CPF contributions over the last 12 months</li> <li>Include base salary, bonuses, commissions, overtime pay, allowances, and employee CPF contributions</li> <li>Supporting document <u>not</u> required, as ECDA will verify the income information with CPF, with your consent given in the application form</li> </ul>		
Self-employed persons	<ul style="list-style-type: none"> <li>Include freelancer, property or insurance agent or business owner etc.</li> <li>Average gross monthly income is computed based on: <u>Annual trade income based on the latest Notice of Assessment (NOA) from IRAS</u> 12 (months)</li> <li>Applicant, spouse, and/or family members (if applying via Per Capita Income) who are self-employed would need to submit the latest NOA from IRAS as supporting document</li> </ul>		
	S/N	Scenarios	Supporting documents required
	1	<p>Declaration of working status and income by <u>self-employed persons</u>, including:</p> <p><u>Group A</u></p> <ul style="list-style-type: none"> <li>Property / Insurance agent</li> <li>Private hire driver (e.g. Grab, Ryde, GoJek etc.)</li> <li>Food delivery rider (e.g. Deliveroo, FoodPanda etc.)</li> </ul> <p><u>Group B</u></p> <ul style="list-style-type: none"> <li>Hawker</li> <li>Food Caterer</li> <li>Taxi driver</li> </ul> <p><u>Group C</u></p> <ul style="list-style-type: none"> <li>Private tutor</li> <li>Baby sitter</li> </ul> <p><u>Group D</u></p> <ul style="list-style-type: none"> <li>Online business owner</li> <li>Commodity broker</li> <li>Home based business permissible by HDB</li> </ul>	<ul style="list-style-type: none"> <li>Latest Notice of Assessment (NOA) issued by the Inland Revenue Authority of Singapore.</li> <li>Licence issued by NEA (for hawker and food caterer under Group B)</li> </ul> <p>If the NOA is not available due to (i) commencement of trade/ business within the last 12 months or (ii) income not meeting the threshold to file tax return, applicant shall produce the following documents:</p> <p><u>For self-employed under Group A</u></p> <ul style="list-style-type: none"> <li>Service Agreement or contract with the company indicating the commencement date and income; and/or</li> <li>Income statements, payment voucher or any other income documents from the commencement of contract</li> <li><b>Declaration is NOT APPLICABLE</b></li> </ul> <p><u>For self-employed under Group B</u></p> <ul style="list-style-type: none"> <li>Licence issued by NEA (for hawker and food caterer); and</li> <li><b>Declaration on the details of business and monthly income</b></li> </ul> <p><u>For self-employed under Group C and D</u></p> <ul style="list-style-type: none"> <li><b>Declaration on the details of business and customers and monthly income</b></li> </ul>

		<ul style="list-style-type: none"> <li>• Foot reflexologist</li> <li>• Freelancer e.g. cleaner, interior designer etc.</li> </ul>	
	2	Declaration of working status and income by a <u>self-employed person</u> who is the owner or partner of a business.	<ul style="list-style-type: none"> <li>• Latest Notice of Assessment (NOA) issued by the Inland Revenue Authority of Singapore; and</li> <li>• A copy of Registry of Companies and Businesses (ROCB) profile stating applicant's ownership in the business.</li> <li>• <b>Declaration will be required for business owner or partner if the latest NOA is not available due to (i) commencement of business within the last 12 months or (ii) income not meeting the threshold to file tax return</b></li> </ul>

### c) Computation of Income

Household Income (HHI) <sup>1</sup>	Combined income of parents (or one parent for single-parent application) of the child
Per Capita Income (PCI)	<p>Applicable for larger families with 5 or more family members with at least 3 dependants who are not earning an income</p> <p>All family members in your application must:</p> <ul style="list-style-type: none"> <li>• be related by blood, marriage and/or legal adoption; and</li> <li>• have the same address stated in their NRIC as the applicant (i.e. mother or single parent)</li> </ul> <p>The Per Capita Income will be computed based on:</p> $\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$

### d) Monthly Programme Fee

- Programme fee should be with GST (if applicable); before subsidy and after discount, if applicable.

### e) Notification

- You will receive a **SMS and an email acknowledgement** from ECDA when the application is submitted by your child's centre. If you do not receive this acknowledgement, you may wish to check with the centre on the submission status, as ECDA has not received your application via your child's centre.
- You will receive a **notification on the outcome of your application via SMS and email**. If your application is successful, the subsidy will be disbursed directly to your child's centre. You should only **pay the net fee, i.e. fee after deducting subsidies**.
- If you are granted **Special Approval**, you will receive a **notification from ECDA 2 months before the subsidy support ends**.
- Please update the centre should there be any changes to your contact details.

<sup>1</sup>Please refer to [Annex A](#) for details

## **Annex A: Subsidy Amount Based on Eligibility**

Table 2: Child Care Basic Subsidy for Singapore Citizen Children aged above 18 months to below 7 years

<b>Child Care Subsidy Rates</b>		
<b>Programme</b>	<b>Working Mother</b>	<b>Non-Working Mother</b>
Full-day Care	\$300	\$150
Half-day Care	\$150	\$150
<b>Flexible Care Programme by Number of Hours Per Week</b>	<b>Working Mother</b>	<b>Non-Working Mother</b>
Flexi Care 1 (12 hours to 24 hours)	\$110	\$55
Flexi Care 3 (Above 36 hours to 48 hours)	\$220	\$150

Table 4: Child Care Additional Subsidy (above 18 months to below 7 years), Full-Day

<b>HHI</b>	<b>PCI</b>	<b>Additional Subsidy</b>		
		<b>Min Co-payment required from Parents</b>	<b>Max Additional Subsidy up to</b>	<b>Max Subsidy Receivable as a % of fees after basic subsidy</b>
\$2500 & below	\$625 & below	\$3	\$440	99%
\$2501 - \$3000	\$626 - \$750	\$6	\$400	98%
\$3001 - \$3500	\$751 - \$875	\$32	\$370	90%
\$3501 - \$4000	\$876 - \$1000	\$63	\$310	80%
\$4001 - \$4500	\$1001 - \$1125	\$95	\$220	70%
\$4501 - \$7500	\$1126 - \$1875	\$215	\$100	50%
Above \$7500	Above \$1875	-	-	-

The above subsidy amounts are for Full-Day programmes. Children on Half-Day / Flexi-Care programmes will receive subsidies according to the programme types enrolled.



## 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"/> Malay <input type="checkbox"/> Others					<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others														
<b>The following section is to be completed by the centre</b>																				
Centre Details	Centre Name: ADVENTIST SCHOOLHOUSE Centre Code: RC1789																			
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	<div style="display: flex; justify-content: space-between;"> <span>D D / M M / Y Y Y Y</span> <span>D D / M M / Y Y Y Y</span> </div>	
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): DD / MM / YYYY <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): DD / MM / YYYY <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**

	<b>Applicant</b>	<b>Spouse</b>
Employment Status	<p><b>Please tick to select employment status and complete the details (if applicable):</b></p> <p><input type="checkbox"/> <b>Working</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Salaried employee</b> 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:                      D D / M M / Y Y Y Y</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income)</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Salaried employee <u>and</u> Self-employed</b> \$ _____ (Average Gross Monthly Income)</p> <p><b>[Go to Part 3(B) if applicable]</b></p> <p><input type="checkbox"/> <b>Not Working due to the following circumstances:</b></p> <ul style="list-style-type: none"> <li>▪ looking for a job</li> <li>▪ studying / training / on course</li> <li>▪ medical reasons</li> <li>▪ caregiving commitments</li> </ul> <p><b>[Go to Part 3(B) if applicable, and Part 4]</b></p> <p><input type="checkbox"/> <b>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.]</b></p>	<p><b>Please tick to select employment status and complete the details (if applicable):</b></p> <p><input type="checkbox"/> <b>Working</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Salaried employee</b> 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:                      D D / M M / Y Y Y Y</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income)</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Salaried employee <u>and</u> Self-employed</b> \$ _____ (Average Gross Monthly Income)</p> <p><input type="checkbox"/> <b>Not Working</b></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"/> <b>Not working</b> <input type="checkbox"/> <b>Salaried employee</b> 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"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> <b>Salaried employee and Self-employed</b> \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> <b>Not working</b> <input type="checkbox"/> <b>Salaried employee</b> 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"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> <b>Salaried employee and Self-employed</b> \$ _____ (Average Gross Monthly Income)



Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> <b>Not working</b> <input type="checkbox"/> <b>Salaried employee</b> 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"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> <b>Salaried employee and Self-employed</b> \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> <b>Not working</b> <input type="checkbox"/> <b>Salaried employee</b> 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"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> <b>Salaried employee and Self-employed</b> \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> <b>Not working</b> <input type="checkbox"/> <b>Salaried employee</b> 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"/> <b>Self-employed</b> \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> <b>Salaried employee and Self-employed</b> \$ _____ (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 services<sup>1</sup>.
- 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.**

<sup>1</sup> 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 affordable<sup>2</sup> infant/child care programmes, but due to difficult family circumstances<sup>3</sup>, 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.

<b>Child 1</b>	
<input type="checkbox"/> <b>Financial Assistance from:</b> _____(MM/YY) to _____(MM/YY)	<input type="checkbox"/> <b>Start-Up Grant (SUG)</b> – If the child has benefitted from SUG previously, this application would be considered on an appeal basis only.
<b>Type of Referral (A or B):</b> <b>A) Referred by agency<sup>4</sup>:</b> <input type="checkbox"/> Family Service Centre (FSC) / other MSF-approved agencies <input type="checkbox"/> MSF/ECDA <b>B) Self-Referred:</b> <input type="checkbox"/> Parent(s) is/are not working and looking for work (through WSG/e2i <sup>5</sup> 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 <sup>6</sup> (Centre is to upload this Form 1 Part 5 in CMS.) <input type="checkbox"/> Others: _____	<b><u>To be completed by the centre<sup>7</sup>:</u></b> <ul style="list-style-type: none"> <li>• Registration fee (one-off upon enrolment) \$ _____</li> <li>• Deposit (equivalent to one month’s fee, and retained in MSF upon SUG approval) \$ _____</li> <li>• School uniform/physical education attire (on a needs basis, capped at 3 days’ requirement) \$ _____</li> <li>• Insurance (one-off upon enrolment) \$ _____</li> <li>• Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces) \$ _____</li> </ul>

<sup>2</sup> The family needs to consider if the monthly fee is affordable and within its budget, and would not lead to financial strain.  
<sup>3</sup> 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.  
<sup>4</sup> Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.  
<sup>5</sup> If the non-working parent is receiving help from WSG/e2i to find work, no supporting document is needed unless MSF otherwise specifies.  
<sup>6</sup> No supporting document is needed unless MSF otherwise specifies.  
<sup>7</sup> 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 agency<sup>8</sup>:**

- 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/e2i<sup>9</sup> 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 months<sup>10</sup> (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 centre<sup>11</sup>:**

- 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)  
\$ \_\_\_\_\_

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

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

<sup>10</sup> No supporting document is needed unless MSF otherwise specifies.

<sup>11</sup> 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](mailto: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.

<b>Applicant</b>	
<p>_____</p> <p style="text-align: center;"><b>(Signature of applicant)</b></p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p><b><u>Consent from parent / guardian:</u></b></p> <p><b>If the applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant.</b></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>
<b>Applicant's Spouse</b>	
<p>_____</p> <p style="text-align: center;"><b>(Signature of spouse)</b></p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p><b><u>Consent from parent / guardian:</u></b></p> <p><b>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.</b></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 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 verified<sup>12</sup> 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.

ADVENTIST SCHOOLHOUSE	RC1789	65624932
Name of Childcare Centre	Centre Code	Contact No.
		DD / MM / YYYY
Name / Designation of Personnel	Signature	Date

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



## SUPPORTING DOCUMENTS CHECKLIST

Scenario	Supporting Documents Required																
<b>FOR ENROLMENT / SUBSIDY UPDATE</b>																	
<b>1</b>	<b>Applicant's / Spouse's / Family Member(s)' Working Status</b>																
Applicant and/or spouse is a self-employed person	<ul style="list-style-type: none"> <li>• IRAS' Notice of Assessment (NOA); <b>OR</b> If the NOA is not available due to (i) commencement of trade/ business within the last 12 months or (ii) not meeting the income threshold to file tax, applicant shall produce the following documents</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%;">Occupations</th> <th style="width: 33%;">Supporting documents</th> <th style="width: 33%;">Self declaration</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Property / Insurance agent</li> <li>• Private hire driver (e.g. Grab, Ryde, GoJek etc.)</li> <li>• Food delivery rider (e.g. Deliveroo, FoodPanda etc.)</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Service Agreement or contract with the company indicating the commencement date and income; and/or</li> <li>• Income statements, payment voucher or any other income documents from the commencement of contract</li> </ul> </td> <td style="vertical-align: top;">Self Declaration will not be accepted as substitute for supporting documents.</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Hawker</li> <li>• Food Caterer</li> <li>• Taxi driver</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Licence issued by NEA (for stall owner); and</li> <li>• Self Declaration on the details of business, working hours and monthly income</li> </ul> </td> <td style="vertical-align: top;">Self Declaration will be required if NOA is not available due to commencement of business within the last 12 months</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Private tutor</li> <li>• Baby sitter</li> <li>• Online business owner</li> <li>• Commodity broker</li> <li>• Home based business permissible by HDB</li> <li>• Foot reflexologist</li> <li>• Freelancer e.g. cleaner, interior designer etc.</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Self Declaration on the details of business and customers, working hours and monthly income</li> </ul> </td> <td style="vertical-align: top;"></td> </tr> <tr> <td style="vertical-align: top;">Business Owner or Partner</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• A copy of Registry of Companies and Businesses (ROCB) profile stating applicant's ownership in the business.</li> </ul> </td> <td style="vertical-align: top;"></td> </tr> </tbody> </table>		Occupations	Supporting documents	Self declaration	<ul style="list-style-type: none"> <li>• Property / Insurance agent</li> <li>• Private hire driver (e.g. Grab, Ryde, GoJek etc.)</li> <li>• Food delivery rider (e.g. Deliveroo, FoodPanda etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Service Agreement or contract with the company indicating the commencement date and income; and/or</li> <li>• Income statements, payment voucher or any other income documents from the commencement of contract</li> </ul>	Self Declaration will not be accepted as substitute for supporting documents.	<ul style="list-style-type: none"> <li>• Hawker</li> <li>• Food Caterer</li> <li>• Taxi driver</li> </ul>	<ul style="list-style-type: none"> <li>• Licence issued by NEA (for stall owner); and</li> <li>• Self Declaration on the details of business, working hours and monthly income</li> </ul>	Self Declaration will be required if NOA is not available due to commencement of business within the last 12 months	<ul style="list-style-type: none"> <li>• Private tutor</li> <li>• Baby sitter</li> <li>• Online business owner</li> <li>• Commodity broker</li> <li>• Home based business permissible by HDB</li> <li>• Foot reflexologist</li> <li>• Freelancer e.g. cleaner, interior designer etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Self Declaration on the details of business and customers, working hours and monthly income</li> </ul>		Business Owner or Partner	<ul style="list-style-type: none"> <li>• A copy of Registry of Companies and Businesses (ROCB) profile stating applicant's ownership in the business.</li> </ul>	
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Scenario		Supporting Documents Required
	Started working in the last 2 months before subsidy application	N.A.
	Employees who are receiving CPF contributions	N.A.
	Employees who are not receiving CPF contributions	<ul style="list-style-type: none"> <li>• Employment letter provided by employer; <b>AND</b></li> <li>• Payslips <b>OR</b></li> <li>• Self Declaration form (only for hawker assistant)</li> </ul>
	Applicant and/or spouse is foreigner	<ul style="list-style-type: none"> <li>• Employment letter provided by employer; <b>AND</b></li> <li>• Letter of Consent issued by the Ministry of Manpower; <b>AND</b></li> <li>• Payslips</li> </ul>
<b>2 Applicant's Marital Status</b>		
	Married	N.A.
	Single mother (not married)	<ul style="list-style-type: none"> <li>• Marriage search record from Registry of Marriages/ Muslim Marriages</li> </ul>
	Single father	<p>Documents required depends on types of sub-categories:</p> <p><b>(i) Name in child BC</b></p> <ul style="list-style-type: none"> <li>○ Child BC</li> <li>○ Marriage search record from Registry of Marriages / Muslim Marriages</li> </ul> <p><b>(ii) Name not in child's BC</b></p> <ul style="list-style-type: none"> <li>○ Court Order</li> <li>○ Police Report on the whereabouts of the mother</li> <li>○ Marriage search record from Registry of marriages / Muslim Marriages</li> </ul>
	Divorced	<ul style="list-style-type: none"> <li>• Court Order (Final Judgment, Interim Judgment, Certificate of Divorce) stating the parent with the care and control of child</li> </ul>
	Separated	<p>Documents required depends on types of sub-categories:</p> <p><b>(i) Missing spouse</b></p> <p><b><u>1<sup>st</sup> application</u></b></p> <ul style="list-style-type: none"> <li>○ Police report stating that spouse is missing</li> </ul> <p><b><u>Renewal</u></b></p> <ul style="list-style-type: none"> <li>○ Self Declaration form</li> </ul> <p><b>(ii) Applicant is not in contact with spouse</b></p> <ul style="list-style-type: none"> <li>○ Document stating that divorce had been initiated (if available)</li> <li>○ Self Declaration form</li> </ul> <p><b>(iii) Applicant is in the process of divorce</b></p> <ul style="list-style-type: none"> <li>○ Deed of Separation / Court order (Interim Judgement) / Lawyer's letter stating divorce process is underway</li> <li>○ Self Declaration form</li> </ul>
<b>FOR SPECIAL APPROVAL</b>		
<b>1</b>	<b>Applicant is Not Working (Not applicable for KiFAS application)</b>	
	Applicant is looking for employment at the point of child's enrolment	<ul style="list-style-type: none"> <li>• No supporting document required</li> <li>• Parent(s) is/are to indicate preference to be referred to WSG for career matching services</li> </ul>

Scenario		Supporting Documents Required
	Applicant is on course/studying/training (for 56 hours or more)	Document/s from training agency or school stating: <ul style="list-style-type: none"> <li>• Acceptance to course</li> <li>• Duration of course</li> <li>• Course schedule</li> <li>• Date of commencement</li> </ul>
	Applicant is pregnant and had stopped working	<ul style="list-style-type: none"> <li>• Memo/ document stating the Estimated Delivery Date (EDD);</li> </ul>
	Applicant is medically unfit to work due to long-term illness, hospitalisation or permanent disability	<ul style="list-style-type: none"> <li>• Medical certification, letter or reports from doctors, stating that applicant is unfit to work and the corresponding period</li> </ul>
	Applicant is taking care of sick or special needs family member	<p>(i) <u>Sick family members</u></p> <ul style="list-style-type: none"> <li>• Medical certification, letter or reports from doctors, stating that the sick family member requires a full-time caregiver and the applicant is the caregiver</li> </ul> <p>(ii) <u>Special Needs child</u></p> <ul style="list-style-type: none"> <li>• Medical report or letter of acceptance to special needs school</li> </ul>
	Applicant is caring full time for a younger child aged 24 months and below	<ul style="list-style-type: none"> <li>• Birth certificate of younger child</li> </ul>
	Applicant is incarcerated or in penal institutions	No supporting document required (ECDA will obtain information from SPS and applicants need to provide consent in application form)
<b>2</b>	<b>Non-parent Caregivers</b>	
	Guardian	<ul style="list-style-type: none"> <li>• Letter of Recommendation/ Social Report; <b>OR</b></li> <li>• Document explaining the absence of child's parents e.g. Police report/ Letter from Singapore Prisons Service; <b>OR</b></li> <li>• Legal document showing that the adoption is in process &amp; child's Birth Certificate (for adoptive parents); <b>OR</b></li> <li>• Self Declaration form stating the reason of the parent's absence and the guardian is taking care of the child</li> </ul>
	Legal Guardian	<ul style="list-style-type: none"> <li>• Court Order stating that the applicant is the Legal Guardian; <b>OR</b></li> <li>• Parents' Will</li> </ul>
	MSF Foster Mother	<ul style="list-style-type: none"> <li>• Letter of Recommendation / Social Report; <b>OR</b></li> <li>• Letter of undertaking for fostering arrangement</li> </ul>
	Children's Home	<ul style="list-style-type: none"> <li>• Letter of Recommendation / Social Report; <b>OR</b></li> <li>• Letter from Children's Home stating that the child is a resident of the Home</li> </ul>
<b>3</b>	<b>Medical Condition of Child</b>	
	Non-attendance of child in centre for entire month	<ul style="list-style-type: none"> <li>• Medical Report / Doctor memo, stating the period of absence from the centre for the month</li> <li>• Please note that MC for 1 or 2 days will not be substantial to justify for whole month's absence</li> </ul>