



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE

This form will take you 10 minutes to complete.

You will need the following information:

- Child's Birth Certificate/ Passport No.
- Mother's/ Single Father's/ Guardian NRIC/ Passport No. and employment details

SECTION I CENTRE DETAILS

Centre Name : _____

Centre Address : _____ Postal Code : _____

SECTION I(A) ENROLMENT DETAILS (TO BE FILLED IN BY CENTRES)

Admission Date : / /
(dd/mm/yyyy)

Date of Birth : / /
(dd/mm/yyyy)

Type of **Infant** Care Programme: ☐ Full Day ☐ Half-Day (AM) ☐ Half-Day (PM)
☐ Flexi Care 1 - 12 hours to 24 hours per week
☐ Flexi Care 2 - Above 24 hours to 36 hours per week
☐ Flexi Care 3 - Above 36 hours to 48 hours per week
☐ Flexi Care 4 - Above 48 hours per week
☐ Emergency Care

Type of **Child** Care Programme: ☐ Full Day ☐ Half-Day (AM) ☐ Half-Day (PM)
☐ Flexi Care 1 - 12 hours to 24 hours per week
☐ Flexi Care 2 - Above 24 hours to 36 hours per week
☐ Flexi Care 3 - Above 36 hours to 48 hours per week
☐ Flexi Care 4 - Above 48 hours per week
☐ Child Before School
☐ Child After School
☐ Emergency Care

Trial Period: ☐ 2 weeks ☐ 3 weeks

(Note: Centres are required to provide a trial period of at least 2 weeks for new enrolments.)

SECTION I(B) CHILD PARTICULARS

Name as in Birth Certificate / Passport : _____

Birth Certificate No. / Passport No. / UIN / FIN No. : _____

Nationality : ☐ Singapore Citizen ☐ Permanent Resident ☐ Others (please specify)

Gender : ☐ Male ☐ Female

Race : ☐ Chinese ☐ Eurasian ☐ Indian ☐ Malay ☐ Others (please specify) _____

Total No. of Children in Family : _____ Birth Order : _____

Is Child currently enrolled in another centre? : ☐ Yes ☐ No

*If yes, please state the Programme Type enrolled:

☐ Half Day (AM) ☐ Half Day (PM) ☐ Flexi 1/2/3/4 ☐ Others (please specify) _____

Instruction for centres

*This information is for centres to advise parents on subsidy rates. Not to be keyed into CCLS.

Is Child attending Primary School? : ☐ Yes ☐ No

Is Child in a Children's Home? : ☐ Yes ☐ No

Organisation Name (If Child is being enrolled by an Organisation) : _____

SECTION II(A) APPLICANT PARTICULARS (i.e. Mother / Single Father / Guardian)

Name as in NRIC / Passport : _____

NRIC No. / Passport No. / UIN / FIN No. : _____

Date of Birth : / / (dd/mm/yyyy)

Nationality : ☐ Singapore Citizen ☐ Singapore Permanent Resident ☐ Others (please specify) _____

Race : ☐ Chinese ☐ Eurasian ☐ Indian ☐ Malay ☐ Others (please specify) _____

Relationship to Child : ☐ Mother ☐ Father ☐ Guardian ☐ Grandmother ☐ Grandfather

☐ MCYS Foster Mother ☐ Head, Children Home ☐ Others (please specify) _____

Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Residential Address

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

Postal Code : _____

Housing Type: ☐ HDB 1-room ☐ HDB 2-room ☐ HDB 3-room ☐ HDB 4-room

☐ HDB 5-room & Larger Flats ☐ Condominium, Private Flats & Landed

Handphone No. : _____ Home Tel No.: _____

Email Address : _____

Highest Educational Qualification : ☐ No Formal Qualification ☐ Primary Education ☐ Secondary (General)
☐ Secondary (Vocational) ☐ Junior College/Pre-U ☐ Polytechnic Diploma
☐ University Degree ☐ Post Graduate ☐ Others

Working Status : ☐ Working (56 hours or more per month) ☐ Working (Less than 56 hours per month)
☐ Not Working

Household Income: ☐ \$1,000 and below ☐ \$1,001 - \$1,500 ☐ \$1,501 - \$1,800 ☐ \$1,801 - \$4,000
☐ \$4,001 - \$6,000 ☐ \$6,001 - \$8,000 ☐ \$8,001-\$10,000 ☐ > \$10,000

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name: _____

Commencement Date: / / (dd/mm/yyyy)

Company Address

☐ Local ☐ Overseas

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

_____ Postal Code : _____

Office Tel. No. : _____ Fax No. : _____

Occupation :

☐ Clerical Workers ☐ CEO or Director ☐ Executives & Managers
☐ Production Craftsmen & Related Workers ☐ Professionals (Doctors, Lawyers, Accountants, Engineers etc.)
☐ Self- Employed ☐ Service & Sales Workers ☐ Technicians & Associate Professionals
☐ Others, please specify: _____

Total No. of Working Hours per **Month**:

SECTION II (B) SPOUSE PARTICULARS (Mandatory if the Main Applicant is Married)

Name as in NRIC / Passport : _____

NRIC No. / Passport No. / UIN / FIN No. : _____

Date of Birth : / / (dd/mm/yyyy)Nationality : ☐ Singapore Citizen ☐ Singapore Permanent Resident ☐ Others (please specify) _____Race : ☐ Chinese ☐ Eurasian ☐ Indian ☐ Malay ☐ Others (please specify) _____

Home Tel No. : _____

Handphone No. : _____ Office Tel No. : _____

Email Address : _____

Highest Educational Qualification : ☐ No Formal Qualification ☐ Primary Education ☐ Secondary (General)☐ Secondary (Vocational) ☐ Junior College/Pre-U ☐ Polytechnic Diploma☐ University Degree ☐ Post Graduate ☐ OthersWorking Status : ☐ Working ☐ Not Working**If working, please select Occupation**☐ Clerical Workers ☐ CEO or Director ☐ Executives & Managers☐ Production Craftsmen & Related Workers ☐ Professionals (Doctors, Lawyers, Accountants, Engineers etc.)☐ Self- Employed ☐ Service & Sales Workers ☐ Technicians & Associate Professionals☐ Others, please specify: _____**SECTION III(A) APPLICATION FOR INFANT / CHILD CARE SUBSIDY**Applying for Subsidy: ☐ Yes ☐ NoSubsidy with effect month : / (mm/yyyy)**SECTION III(B) APPLICATION FOR SPECIAL APPROVAL**Applying for Special Approval: ☐ Yes ☐ No **(If ☒ Yes, Please fill in Form 2)**

SECTION IV TO BE SIGNED BY THE APPLICANT

I am aware that the information provided in this application will be given to and used by the Government to determine my eligibility for the infant/child care subsidy. I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

I hereby consent to the Ministry of Community Development, Youth and Sports releasing my particulars and those of my child/children presently in a child care centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.

Signature of Applicant

□□ / □□ / □□□□
Declaration Date (dd/mm/yyyy)

SECTION V DECLARATION BY CHILD CARE CENTRE

☐ Full Month Programme Fee

Fee Paid for the Current Month :

☐ Pro-rate 2 weeks

☐ Pro-rate 3 weeks

☐ No Fee / Free Trial / Pro-rate less than 2 weeks (not entitled to subsidy)

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application

Name / Designation of CCC Personnel

Signature

Contact No.

□□ / □□ / □□□□
Date (dd/mm/yyyy)