

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR ADDITIONAL SUBSIDY FOR INFANT/CHILD CARE

This form will take 10 – 15 minutes to complete.

Eligibility Criteria

- Singapore Citizen children whose mother/single father is working 56 hours or more per month
- Families with gross monthly household income of \$7,500 and below or Per Capita Income of \$1,875 and below

Please note that for the purposes of determining your eligibility we will be retrieving your income data from CPF Board. If you are self-employed or do not have a CPF contribution, you are required to declare your income in Section II below.

SECTION I CHILD'S PARTICULARS

Name as in Birth Certificate:

Birth

Certificate No.:

| | | | | | | | | | | | |
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SECTION II DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT (MOTHER / SINGLE FATHER) AND SPOUSE

- a) Are you self-employed?
b) Do you work 56 hrs or more per month but have no CPF contribution?

If either you or your spouse has selected a "Yes" in (a) or (b) above, please declare your monthly income.¹

If you wish to declare your income directly through our ChildCareLink System, please tick here. You will be informed via SMS notification to access the website at www.childcarelink.gov.sg using your Singpass to declare your income.

Main Applicant

Yes No

Yes No

\$ _____ .00

Declaration via CCLS

Spouse (where applicable)

Yes No

Yes No

\$ _____ .00

Declaration via CCLS

SECTION III CONSENT / DECLARATION BY MAIN APPLICANT / SPOUSE

1. I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to MSF and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
 - 2.1 The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years.
 - 2.2 The CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by MSF and any information that can be derived from those contributions.
3. 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 do not believe to be true.
4. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

¹ Please note that we may verify your monthly income based on your latest Notice of Assessment from IRAS.

| Main Applicant (Mother / Single Father) | | |
|--|--|--|
| | If the main applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant. | |
| (Signature of main applicant) | (Signature of parent/guardian of main applicant) | |
| Name: _____ | Relationship to main applicant: _____ | |
| NRIC: _____ | Name: _____ | |
| Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | NRIC: _____ | |
| | Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Main Applicant's Spouse | | |
| | If the main applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant's spouse. | |
| (Signature of main applicant's spouse) | (Signature of parent/guardian of main applicant's spouse) | |
| Name: _____ | Relationship to main applicant's spouse: _____ | |
| NRIC: _____ | Name: _____ | |
| Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | NRIC: _____ | |
| | Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| SECTION IV VERIFICATION / DECLARATION BY CHILD CARE CENTRE | | |
| I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)]. | | |
| 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 of Infant / Childcare Centre | _____ Centre Code | _____ Contact No. |
| _____ Name / Designation of CCC Personnel | _____ Signature | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date (dd/mm/yyyy) |