

CONFIDENTIAL

MINISTRY OF COMMUNITY DEVELOPMENT AND SPORTS

APPLICATION FOR ADMISSION IN CHILD CARE CENTRE

Name of Centre : _____ Centre Code: _____

Date of Admission : / / (dd/mm/yyyy)Type of Infant Care Programme Full Day Half Day (am) Half Day (pm) Flexi 1 – 12 hours to 24 hours per week Flexi 2 – Above 24 hours to 36 hours per week Flexi 3 – Above 36 hours to 48 hours per week Flexi 4 – Above 48 hours per weekType of Child Care Programme : Full Day Half Day (am) Half Day (pm) Flexi 1 – 12 hours to 24 hours per week Flexi 2 – Above 24 hours to 36 hours per week Flexi 3 – Above 36 hours to 48 hours per week Flexi 4 – Above 48 hours per week Before School After SchoolTrial Enrolment: Yes No

End Date of Trial Period: _____

Pro-rate Subsidy Type: _____ (Please specify)

SECTION I CHILD'S PARTICULARS

Name as in Birth Certificate / Passport : _____

ID Type: S'pore BC Entry/Re-entry Permit/UIN Foreign Others (please specify) _____

Birth Certificate No./ UIN / FIN : _____

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

Sex: Male

Female

Nationality : S'pore Citizen Permanent Resident Others (please specify) _____

Race : Chinese Indian Malay Others (please specify) _____

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

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) : _____

Home Address:

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

Building Name : _____

Street Name : _____

Postal Code : _____ Contact No. : _____

SECTION II (A) MOTHER / SINGLE FATHER / OTHER APPLICANT'S PARTICULARS (Mandatory)

Name as in NRIC / Passport : _____

ID Type : S'pore Pink S'pore Blue Foreign Others (please specify) _____

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

Employment Status : Working (56 hours or more per month)
 Not Working (less than 56 hours per month)

IF WORKING FOR **56 HOURS OR MORE PER MONTH**,
PLEASE FILL UP EMPLOYMENT DETAILS:

Employer's Name : _____

Employer's Address

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

Building Name : _____

Street Name : _____

Postal Code : _____

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

Designation / Occupation : _____

Total Hours of Work per **month** : _____ Gross Monthly Income (**optional**) : \$ _____

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

Nationality : S'pore Citizen Permanent Resident Others (please specify) _____

Race : Chinese Indian Malay Others (please specify) _____

Relationship with Child : Mother Father Grandparent Guardian
 Others (please specify) _____

Marital Status : Single Married Others (please specify) _____

Contact Address : Same as that of child? Yes No (please fill in contact address)

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

Building Name : _____

Street Name : _____ Postal Code : _____

E-mail ID : _____

Highest Educational Qualification (**optional**) : _____

Applying for Centre-based Infant / Child Care Subsidy : Yes No (wef / /) (dd/mm/yyyy)

SECTION II (B) FATHER'S PARTICULARS (Optional)

Name as in NRIC / Passport : _____

ID Type : S'pore Pink S'pore Blue Foreign Others (please specify) _____

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

Employment Status : Working (56 hours or more per month)
 Not Working (less than 56 hours per month)

IF WORKING FOR **56 HOURS OR MORE PER MONTH**,
PLEASE FILL UP EMPLOYMENT DETAILS:

Employer's Name : _____

Employer's Address

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

Building Name : _____

Street Name : _____

_____ Postal Code : _____

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

Designation / Occupation : _____

Total Hours of Work per **month** : _____ Gross Monthly Income (**optional**) : \$ _____

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

Nationality : S'pore Citizen Permanent Resident Others (please specify) _____

Race : Chinese Indian Malay Others (please specify) _____

Contact Address : Same as that of child? Yes No (please fill in contact address)

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

Building Name : _____

Street Name : _____

_____ Postal Code : _____

E-mail ID : _____

Highest Educational Qualification (**optional**) : _____

Applying for Centre-based
Infant / Child Care Subsidy : Yes No (wef / /)(dd/mm/yyyy)

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 and Sports releasing to the Health Promotion Board my particulars and those of my child/children presently in a childcare centre for the purpose of the National Myopia Screening Programme. I also consent to my child/children being screened as part of this programme.

Signature

Date

FOR OFFICIAL USE ONLY

VERIFICATION OF ELIGIBILITY (TO BE COMPLETED BY CHILD CARE CENTRE)

Full Fees paid : Yes No Pro-Rated

Fees for Programme Type : _____

Add - Other Charges (transport, uniform, etc.) : _____

Subtract - Discounts (staff, sibling, etc.) : _____

Net Fees Paid : _____

Special approval for subsidy? : Yes No

Remarks : _____

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

Signature / Date