

C O N F I D E N T I A L

MINISTRY OF COMMUNITY DEVELOPMENT AND SPORTS

APPLICATION FOR CENTRE-BASED INFANT / CHILD CARE SUBSIDY
(For Children Previously Not Receiving Subsidy)

Name of Centre :	Centre Code :
------------------	---------------

SECTION I(A) CHILD'S PARTICULARS

Name of Child as in Birth Certificate / Passport :	
S'pore Birth Certificate No./ UIN / FIN :	

SECTION I(B) APPLICANT'S PARTICULARS

Name of Applicant as in NRIC / Passport :	
NRIC No./ Passport No./ UIN / FIN :	
Relationship with Child :	<input type="checkbox"/> Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Others (please specify) _____
Employment Status :	<input type="checkbox"/> Working (56 hours or more per month) <input type="checkbox"/> Not Working (less than 56 hours per month)
Declaration Date :	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

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*) : \$ _____

Application for Subsidy with effect from : / / (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 of Applicant _____
 Date

**SECTION II VERIFICATION OF ELIGIBILITY FOR SUBSIDY
(TO BE COMPLETED BY CHILD CARE CENTRE)**

Data Requiring Verification	Verification	Type of Document/s Submitted to Centre
1. Is mother a S'pore Citizen / Permanent Resident?	Yes / No	
2. Is father a S'pore Citizen / Permanent Resident?	Yes / No	
3. Is child a S'pore Citizen / Permanent Resident?	Yes / No	
4. Is child of first / second / third / fourth birth order?	Yes / No	
5. Is child below 7 years old at time of application for subsidy?	Yes / No	
6. Is full fee paid for the month subsidy is applied for?	Yes / No / Pro-rated	

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 Centre Representative : _____

Designation of Centre Representative : _____

Special approval required? : No Yes (please specify reason)

Reason for special approval for subsidy: _____

Data entered into CCL by :

Name / Designation

Signature / Date