

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

MINISTRY OF COMMUNITY DEVELOPMENT AND SPORTS

NOTIFICATION OF CHANGES

- (A) Change in Mother's / Single Father's Working Status
- (B) Temporary Monthly Withdrawal From Centre-based Infant / Child Care Subsidy Scheme
- (C) Withdrawal From Centre-based Infant / Child Care Subsidy Scheme
- (D) Change of Infant / Child Care Programme

Name of Centre:	Centre Code:
Name of Child (as in Birth Certificate / Passport)	S'pore BC No. / UIN / FIN :
Name of * Mother / Single Father (as in NRIC / Passport) : <i>* delete where applicable</i>	S'pore IC No. / UIN / FIN :

(A) CHANGE IN MOTHER'S / SINGLE FATHER'S WORKING STATUS

Please tick the appropriate box :

I am changing from a **Working Status** (56 hours or more per month) to a **Non-Working Status** (less than 56 hours per month), wef: _____

I am changing from a **Non-Working Status** (less than 56 hours per month) to a **Working Status** (56 hours or more per month), wef: _____

*Note: Any work less than 56 hours is considered as **Non-Working Status**.*

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. : _____

Parent's Designation / Occupation : _____

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

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.

Signature of Mother / Single Father

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

(B) TEMPORARY MONTHLY WITHDRAWAL FROM CENTRE-BASED INFANT / CHILD CARE SUBSIDY SCHEME

Please indicate in the correct box :

Child is temporarily not in Singapore **OR** is on holiday

Child is not medically fit to attend centre

Other reason (please specify) : _____

Subsidy Withdrawal Month: / (mm/yyyy)

Full Month Fee Payment: Yes No Pro-Rated

Pro-rate Subsidy Type:

(C) WITHDRAWAL FROM CENTRE-BASED INFANT / CHILD CARE SUBSIDY SCHEME

Withdraw infant / child from Centre-based Infant / Child Care Subsidy Scheme

Subsidy withdrawal month with effect from / (mm/yyyy)

Remarks : _____

(D) CHANGE OF INFANT / CHILD CARE PROGRAMME

* Please delete where applicable for Infant Care Programme:

From : * Full-Day / Half-Day (am) / Half-Day (pm) / /
 Flexi - 1 / 2 / 3 / 4 / Others **End Date** (dd/mm/yyyy)

To : * Full-Day / Half-Day (am) / Half-Day (pm) / /
 Flexi - 1 / 2 / 3 / 4 / Others **Start Date** (dd/mm/yyyy)

* Please delete where applicable for Child Care Programme:

From : * Full-Day / Half-Day (am) / Half-Day (pm)

/ /

Flexi - 1 / 2 / 3 / 4 / Others

End Date (dd/mm/yyyy)

To : * Full-Day / Half-Day (am) / Half-Day (pm)

/ /

Flexi - 1 / 2 / 3 / 4 / Others

Start Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

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.

CCC Personnel :

Name / Designation

Signature / Date

Data entered into CCL by :

Name / Designation

Signature / Date

Child Care Centre Personnel :

For any changes and subsidy adjustments to be made, please submit a certified true copy of this form and the relevant infant / child care fee receipt to:

Ministry of Community Development and Sports
Family Services Department
#08-00 MCDS Building
512 Thomson Road
Singapore 298136.

Receipt No : _____