

**C O N F I D E N T I A L****MINISTRY OF COMMUNITY DEVELOPMENT AND SPORTS****WITHDRAWAL OF INFANT / CHILD FROM CHILD CARE CENTRE**

To : The Supervisor	Date : _____
_____	Centre Code: _____
(Name of Child Care Centre)	
I, _____	
(Name of Subsidy Recipient)	
_____ wish to inform you that I am withdrawing my child	
(NRIC No. / UIN / FIN)	
_____	_____
(Name of Child)	(Birth Certificate No. / UIN / FIN)
from your centre. My child's last day of attendance in your centre is	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(dd/mm/yyyy)
2	I confirm that my child is presently attending the *(Infant / Child Full-Day care programme) / (Infant / Child Half-Day care programme (am)) / (Infant / Child Half-Day care programme (pm)) / (Infant/Child Flexi - ( 1 / 2 / 3 / 4 )) / others.
3	I also confirm that I am paying *full month fee S\$_____ / pro-rated fee S\$_____ for the period from _____ to _____ for the last month to your centre.
4	My reason for withdrawal is :
	_____
	_____
_____	_____
Signature of Mother / Single Father	Contact No.
* Please delete where applicable	

**FOR OFFICIAL USE ONLY**

<b>Child Care Centre Personnel :</b>	
Please submit a certified true copy of this form and the 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 : _____