



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE

This form will take you 10 minutes to complete.

You will need the following information:

- Child's Birth Certificate/ Passport No.
- Mother's/ Single Father's/ Guardian NRIC/ Passport No. and employment details

SECTION I CENTRE DETAILS

Centre Name : _____

Centre Address : _____ Postal Code : _____

SECTION I(A) ENROLMENT DETAILS (TO BE FILLED IN BY CENTRES)

Admission Date : / /
(dd/mm/yyyy)

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

Type of **Infant** Care Programme: Full Day Half-Day (AM) Half-Day (PM)
 Flexi Care 1 - 12 hours to 24 hours per week
 Flexi Care 2 - Above 24 hours to 36 hours per week
 Flexi Care 3 - Above 36 hours to 48 hours per week
 Flexi Care 4 - Above 48 hours per week
 Emergency Care

Type of **Child** Care Programme: Full Day Half-Day (AM) Half-Day (PM)
 Flexi Care 1 - 12 hours to 24 hours per week
 Flexi Care 2 - Above 24 hours to 36 hours per week
 Flexi Care 3 - Above 36 hours to 48 hours per week
 Flexi Care 4 - Above 48 hours per week
 Child Before School
 Child After School
 Emergency Care

Trial Period: 2 weeks 3 weeks

(Note: Centres are required to provide a trial period of at least 2 weeks for new enrolments.)

SECTION I(B) CHILD PARTICULARS (TO BE FILLED IN BY CENTRES)

Name as in Birth Certificate / Passport : _____

Birth Certificate No. / Passport No. / UIN / FIN No. : _____

Nationality : Singapore Citizen Permanent Resident Others (please specify)

Gender : Male Female

Race : Chinese Eurasian Indian Malay Others (please specify) _____

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

Is Child currently enrolled in another centre? : Yes No

*If yes, please state the Programme Type enrolled:

Half Day (AM) Half Day (PM) Flexi 1/2/3/4 Others (please specify) _____

Instruction for centres

*This information is for centres to advise parents on subsidy rates. Not to be keyed into CCLS.

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) : _____

SECTION II(A) APPLICANT PARTICULARS (i.e. Mother / Single Father / Guardian)

Name as in NRIC / Passport : _____

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

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

Nationality : Singapore Citizen Singapore Permanent Resident Others (please specify) _____

Race : Chinese Eurasian Indian Malay Others (please specify) _____

Relationship : Mother Father Guardian Grandmother Grandfather to Child

MCYS Foster Mother Head, Children Home Others(please specify) _____

Marital Status : Single Married Divorced Separated Widowed

Residential Address

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

Building Name : _____

Street Name : _____

Postal Code : _____

Housing Type: HDB 1-room HDB 2-room HDB 3-room HDB 4-room

HDB 5-room & Larger Flats Condominium, Private Flats & Landed

Handphone No. : _____ Home Tel No.: _____

Email Address : _____

Highest Educational Qualification : No Formal Qualification Primary Education Secondary (General)
 Secondary (Vocational) Junior College/Pre-U Polytechnic Diploma
 University Degree Post Graduate Others

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

Household Income: \$1,000 and below \$1,001 - \$1,500 \$1,501 - \$1,800 \$1,801 - \$4,000
 \$4,001 - \$6,000 \$6,001 - \$8,000 \$8,001-\$10,000 > \$10,000

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name: _____

Commencement Date: _____

Company Address

Local Overseas

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

Building Name : _____

Street Name : _____

_____ Postal Code : _____

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

Occupation :

- Clerical Workers CEO or Director Executives & Managers
 Production Craftsmen & Related Workers Professionals (Doctors, Lawyers, Accountants, Engineers etc.)
 Self- Employed Service & Sales Workers Technicians & Associate Professionals
 Others, please specify: _____

Total No. of Working Hours per **Month**: _____

SECTION II (B) SPOUSE PARTICULARS (Mandatory if the Main Applicant is Married)

Name as in NRIC / Passport : _____

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

Date of Birth : / / (dd/mm/yyyy)Nationality : Singapore Citizen Singapore Permanent Resident Others (please specify) _____Race : Chinese Eurasian Indian Malay Others (please specify) _____

Home Tel No. : _____

Handphone No. : _____ Office Tel No. : _____

Email Address : _____

Highest Educational Qualification : No Formal Qualification Primary Education Secondary (General) Secondary (Vocational) Junior College/Pre-U Polytechnic Diploma University Degree Post Graduate OthersWorking Status : Working Not Working**If working, please select Occupation** Clerical Workers CEO or Director Executives & Managers Production Craftsmen & Related Workers Professionals (Doctors, Lawyers, Accountants, Engineers etc.) Self- Employed Service & Sales Workers Technicians & Associate Professionals Others, please specify: _____**SECTION III(A) APPLICATION FOR INFANT / CHILD CARE SUBSIDY**Applying for Subsidy: Yes NoSubsidy with effect month : / (mm/yyyy)**SECTION III(B) APPLICATION FOR SPECIAL APPROVAL**Applying for Special Approval: Yes No **(If Yes, Please fill in Form 2)**

SECTION IV TO BE SIGNED BY THE APPLICANT

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, Youth and Sports releasing my particulars and those of my child/children presently in a child care centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.

Signature of Applicant

Date

SECTION V DECLARATION BY CHILD CARE CENTRE

Full Month Programme Fee
Fee Paid for the Current Month : Pro-rate 2 weeks Pro-rate 3 weeks
 No Fee / Free Trial / Pro-rate less than 2 weeks (not entitled to subsidy)

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 of CCC Personnel

Signature

Contact No.

/ /
Date (dd/mm/yyyy)