



## WITHDRAWAL FORM

### REFUNDABLE DEPOSIT

1.1 To entitle for a full refund of deposit, a **1 calendar month's withdrawal notice (withdrawal form)** must be submitted to the admin office. Otherwise, the deposit will be forfeited.

The submission date of the withdrawal form **should not exceed the first day of the month.**

Example:

- a. If parent submits the withdrawal form on 31 October, then the last day for the child is 30 November.
- b. If parent submits the withdrawal form on 1 November, then the last day for the child is 30 November.
- c. If parents submit the withdrawal form after 1 November, eg. 2 November, then the last day for the child is 31 December.

1.2 The school fee is payable in full during the notice period including the last month of attendance.

1.3 The refund shall be made through Baby Bonus Giro or Cheque within 1 month after the last day of school.

Name	Current Class	Birth Cert No./FIN No.
Contact Number	Is Your Child Holding a Student Pass card? (Please tick your option) <input type="radio"/> No <input type="radio"/> Yes    Note: Parents should surrender child's student pass card to Immigration & Checkpoint Authority for cancellation within 7 days.	
WITHDRAWAL FOR THE CURRENT YEAR	WITHDRAWAL FOR THE COMING YEAR	
Last day in the centre : _____	My child is enrolled in : <input type="radio"/> Playgroup <input type="radio"/> Pre-Nursery <input type="radio"/> Nursery <input type="radio"/> K1 <input type="radio"/> K2	
<b>WITHDRAWAL REASON</b> <input type="radio"/> Logistic issue <input type="radio"/> Shifting house <input type="radio"/> Poor health <input type="radio"/> Unable to adjust <input type="radio"/> Curriculum preference <input type="radio"/> Returning to homeland <input type="radio"/> High learning needs (Additional needs) <input type="radio"/> Financial circumstances <input type="radio"/> Others, please specify _____		
_____ Name of father/mother/guardian (Name as per your bank account for indicating on the cheque refund if any)	_____ Signature	_____ Submission Date

OFFICIAL USE		
ADMINISTRATION		ACCOUNTS
Receipt Date of Withdrawal Form	Sufficient Notice Given <input type="radio"/> Yes <input type="radio"/> No	Deposit amount to be refunded (if any)
Collection <input type="radio"/> Self-collection at the office Date _____ <input type="radio"/> By Post Date _____	Checklist <input type="radio"/> Update Attendance <input type="radio"/> Update ECDA <input type="radio"/> Update ICA	Payment mode <input type="radio"/> Cheque    Cheque number _____ Payee name _____ <input type="radio"/> Baby Bonus Giro    Transaction Date _____
Remarks		



## WITHDRAWAL FROM CHILD CARE CENTRE / SUBSIDY

### Part 1: Child Details

Please complete **Part 1** to provide the information on the child(ren).

Child 1		Please fill in this column if you are withdrawing for more than one child
Name as in Birth Certificate / Passport		
Birth Certificate / FIN / Passport No.		
Programme Level	<input type="checkbox"/> Infant Care <input type="checkbox"/> Nursery <input type="checkbox"/> Playgroup <input type="checkbox"/> K1 <input type="checkbox"/> Pre-Nursery <input type="checkbox"/> K2	<input type="checkbox"/> Infant Care <input type="checkbox"/> Nursery <input type="checkbox"/> Playgroup <input type="checkbox"/> K1 <input type="checkbox"/> Pre-Nursery <input type="checkbox"/> K2
Programme Type	<input type="checkbox"/> Full Day <input type="checkbox"/> Flexi Care 1 <input type="checkbox"/> Half Day(AM) <input type="checkbox"/> Flexi Care 3 <input type="checkbox"/> Half Day(PM)	<input type="checkbox"/> Full Day <input type="checkbox"/> Flexi Care 1 <input type="checkbox"/> Half Day(AM) <input type="checkbox"/> Flexi Care 3 <input type="checkbox"/> Half Day(PM)

### Part 2: Withdrawal Details

Please complete **either Section A, B or C** to indicate type of withdrawal.

#### Section A: Withdrawal from Infant / Child Care Centre

Child 1		Please fill in this column if you are withdrawing for more than one child
One-month notice served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Withdrawal	DD / MM / YYYY	DD / MM / YYYY
Last Day of Attendance	DD / MM / YYYY	DD / MM / YYYY
Fee Paid for Withdrawal Month	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 75% fee (3 weeks) <input type="checkbox"/> Pro-rate 50% fee (2 weeks) <input type="checkbox"/> Pro-rate 25% fee (1 week) <input type="checkbox"/> Pro-rate less than 25% fee <input type="checkbox"/> No fee charged / Free trial	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 75% fee (3 weeks) <input type="checkbox"/> Pro-rate 50% fee (2 weeks) <input type="checkbox"/> Pro-rate 25% fee (1 week) <input type="checkbox"/> Pro-rate less than 25% fee <input type="checkbox"/> No fee charged / Free trial
Reason for Withdrawal		

Section B: Temporary Withdrawal (From 1 to 3 Months)

Child 1		Please fill in this column if you are withdrawing for more than one child
Does the child have at least 1 day attendance in the month when Temporary Withdrawal starts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fee Paid for the First Month of Temporary Withdrawal	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 75% fee (3 weeks) <input type="checkbox"/> Pro-rate 50% fee (2 weeks) <input type="checkbox"/> Pro-rate 25% fee (1 week) <input type="checkbox"/> Pro-rate less than 25% fee <input type="checkbox"/> No Fee charge / Free Trial	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 75% fee (3 weeks) <input type="checkbox"/> Pro-rate 50% fee (2 weeks) <input type="checkbox"/> Pro-rate 25% fee (1 week) <input type="checkbox"/> Pro-rate less than 25% fee <input type="checkbox"/> No Fee charge / Free Trial
Number of Months of Temporary Withdrawal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Month when Temporary Withdrawal starts	MM / YYYY	MM / YYYY
Reason for Temporary Withdrawal		

Section C: Withdrawal from Subsidy Scheme

Child 1		Please fill in this column if you are withdrawing for more than one child
Withdrawal month	MM / YYYY	MM / YYYY
Fee Paid for Withdrawal Month	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> No Fee charge / Free Trial	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> No Fee charge / Free Trial
Reason for Withdrawal from Subsidy Scheme		

**Part 3: Declaration by Applicant**

1. I am aware that the information provided in this application will be given to and used by the Government to assess my withdrawal application. 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.
2. I understand that the onus is on me to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to ECDA or MSF, I may be required to repay, in full or part, the subsidy and/or financial assistance provided to me by the Government.
3. I fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine if any adjustments to the quantum of subsidy/ financial assistance is necessary. I am also aware that if there are any payments previously made in mistake or error, I may be required to return any such payment to the Government.

DD / MM / YYYY

\_\_\_\_\_  
Name and NRIC/FIN/Passport No.\_\_\_\_\_  
Signature of applicant\_\_\_\_\_  
Date**Part 4: Declaration by Licensee / authorised personnel of Early Childhood Development Centre**

1. I am [the Licensee / authorised by the Licensee of this Centre] to complete this declaration.
2. I am aware that all information submitted is strictly confidential. The Centre is required to maintain the confidentiality of all such information and records in accordance with law, including the Personal Data Protection Act 2012 and the Early Childhood Development Centres Regulations 2018.
3. I have verified<sup>1</sup> the above information to be true, to the best of my knowledge and belief. I understand that I/our Centre may be liable to prosecution for any information furnished 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 Childcare Centre\_\_\_\_\_  
Centre Code\_\_\_\_\_  
Contact No.

DD / MM / YYYY

\_\_\_\_\_  
Name / Designation of Personnel\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

<sup>1</sup> Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.