



**SUBSIDY UPDATE
AND SPECIAL APPROVAL APPLICATION
(EXISTING ENROLMENT)**

This form is used for the purpose of:

- Updating child and/or applicant/spouse's details (**for existing enrolled Singapore Citizen children**); or
- Applying for / renewing Special Approval, Start-Up Grant (SUG) and/or financial assistance for child care (CCFA) for children who are already enrolled in the centre (**applicable for Singapore Citizen children only**)

Part 1: Child Details

| | Child 1 | Please fill in this column if you are updating for more than one child |
|-----------------------------------------|---------|------------------------------------------------------------------------|
| Name as in Birth Certificate / Passport | | |
| Birth Certificate / FIN / Passport No. | | |

Part 2: Purpose of Application

Please tick to indicate the purpose of application and proceed to the relevant Section(s):

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Section A: Update of Child Details | |
| <input type="checkbox"/> Programme Type | → Section A (1) |
| <input type="checkbox"/> Programme Fee | → Section A (2) |
| Note: For update of child's Singapore Citizenship status, please submit Form 1 (Enrolment and Subsidy Application) to apply for child care subsidies directly. | |
| Section B: Update of Applicant / Spouse Details | |
| <input type="checkbox"/> Marital Status | → Section B (1) |
| <input type="checkbox"/> Nationality | → Section B (2) |
| <input type="checkbox"/> Employment and/or Income | → Section B (3) |
| Section C: Special Approval Application | |
| <input type="checkbox"/> Special Approval for (1) Non-Working Applicant, (2) Non-Parent Caregiver Applicant, or (3) Households under HDB's Public Rental Scheme or MSF's ComCare Assistance | → Section C |
| Section D: Update of Per Capita Income (PCI) | |
| <input type="checkbox"/> Per Capita Income (PCI) Application | → Section D |
| Section E: Start-Up Grant (SUG) / Financial Assistance for Child Care (CCFA) Application | |
| <input type="checkbox"/> Start-Up Grant (SUG) | → Section E |
| <input type="checkbox"/> Child Care Financial Assistance (CCFA) | → Section E |

Section A: Update of Child's Details

- You are only required to complete the relevant section(s).
- Please submit the relevant supporting documents.

(1) Change in Programme Type

| | Child 1 | Child 2 |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New 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 |
| New Service 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) |
| Fee Paid for New Programme | \$ _____ (less discount if applicable) | \$ _____ (less discount if applicable) |
| Effective Start Date | DD / MM / YYYY | DD / MM / YYYY |

(2) Change in Programme Fee

| | Child 1 | Child 2 |
|----------------------|--------------------------------------------|--------------------------------------------|
| New Programme Fee | \$ _____ (after discount if applicable) | \$ _____ (after discount if applicable) |
| Effective Start Date | DD / MM / YYYY | DD / MM / YYYY |

Section B: Update of Applicant's and/or Spouse's Details

- You are only required to complete the relevant section(s).
- You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you **do not** need to fill in details of Spouse.
- The applicant refers to the **mother**. Where the mother is unavailable for divorced / separation / widowed cases, the applicant will be the single father.
- Please submit the relevant supporting documents.

Applicant and/or Spouse Details

| Applicant | | Spouse |
|----------------------------------|--|--------|
| Name as in NRIC / FIN / Passport | | |
| NRIC / FIN / Passport No.: | | |

(1) Change in Marital Status

| Applicant | | Spouse |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Effective Start Date | DD / MM / YYYY | DD / MM / YYYY |

(2) Change in Nationality

| Applicant | | Spouse |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Change in Nationality to: | <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner | <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner |
| Effective Start Date | DD / MM / YYYY | DD / MM / YYYY |

Part 3: Consent and Declaration by Applicant / Spouse / Family Members

1. I/We understand that Government of Singapore as represented by the Ministry of Social and Family Development (“MSF”) and the Early Childhood Development Agency (“ECDA”) require my/our personal information and the personal information of my/our family members included in this application for the purpose of assessing and/or re-assessing my/our eligibility for the infant/child care subsidies, Kindergarten Fee Assistance Scheme (“KiFAS”), financial assistance for child care (“CCFA”), Start-Up Grant (“SUG”), KidSTART, and/or other relevant kindergarten, infant or childcare assistance or programmes provided by ECDA or its appointed agencies (“Pre-School Subsidies and/or Programmes”) at any point(s) in time during the period of this consent.
2. I/We hereby consent and agree to the following agencies disclosing to MSF and ECDA my/our personal information and the personal information of my/our family members included in this application, where applicable, to the extent permitted by law, strictly for the purpose specified in paragraph 1:
 - 2.1. The Comptroller of Income Tax disclosing my/our annual employment and/or trade income as assessed by the Inland Revenue Authority of Singapore within the last 2 assessment years;
 - 2.2. The Central Provident Fund (“CPF”) Board disclosing the CPF contributions submitted by my/our employer(s) for the period of 12 months preceding the date of request for information by MSF and ECDA, and any information that can be derived from those CPF contributions;
 - 2.3. The Immigration and Checkpoints Authority disclosing my/our personal information and the personal information of my/our children and family members included in this application form;
 - 2.4. The Registry of Marriages or the Registry of Muslim Marriages disclosing the information related to my/our marital status;
 - 2.5. The Singapore Prison Service disclosing information related to my/our period(s) of incarceration;
 - 2.6. The Ministry of Manpower disclosing information related to my/our work pass validity;
 - 2.7. The Housing & Development Board disclosing information related to my tenancy; and
 - 2.8. MSF disclosing information related to my Comcare Short-To-Medium-Term Assistance or Long-Term Assistance.
3. I/We understand that MSF and ECDA may, without further reference to me/us, collect, share and use my/our personal information and the personal information of my/our children included in this application, to the extent permitted by each of the agencies stated in paragraph 2, for analysis and evaluation to improve and/or make changes to the assistance or programmes specified in paragraph 1, and/or to create new social services or public assistance schemes.
4. I/We further consent for MSF and ECDA to share my/our information and the personal information of my/our children included in this application with ECDA’s appointed agencies for the application of any of the Pre-School Subsidies and/or Programmes, or for outreach and/or service delivery purposes if my/our children is assessed to be eligible for any of the Pre-School Subsidies and/or Programmes.
5. I/We consent and allow the early childhood development centre (the “ECDC”) indicated in this application to apply for any of the Pre-school Subsidies and/or Programmes on my/our behalf.
6. My/Our consent under paragraphs 2 to 4 shall remain valid until:
 - 6.1. One year after my/our child (or where applicable, last child) covered by this consent has withdrawn from the ECDC; or
 - 6.2. I/We withdraw it in writing, whichever is earlier.
7. I/We understand that my/our personal information may still be used for audit purposes for up to one year after my/our consent has expired or been withdrawn in paragraphs 6.1 or 6.2 (as applicable).
8. I/We consent to ECDA releasing my/our particulars included in this application to the Health Promotion Board (“HPB”) for the purpose of my/our children being screened under the health programmes of HPB. My/Our consent shall remain valid until my/our child covered by this consent has withdrawn from the ECDC or I/we withdraw it in writing.
9. I/We acknowledge that it could take up to 15 working days from the date of receipt by ECDA of the request, before any withdrawal of consent at paragraphs 6.2 and 8 takes effect. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg or by sending a written request to: 51, Cuppage Road, #08-01 Singapore 229469 (attention to: Subsidy Branch).
10. I/We understand that if I/we had opted to provide my/our signatures via electronic methods, the said electronic signatures would be legally valid and binding.
11. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or misleading or do not believe to be true.
12. I/We understand that the onus is on me/ us 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, my/our application may be rejected or any prior approval may be withdrawn. In addition, I/we may be required to repay, in full or part, the subsidy and/or financial assistance provided to me/us by the Government.
13. I/We fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine the amount of subsidy and/or assistance to be granted to me/us. I/ we are aware that if there are any payments made in mistake or error, I/we may be required to return any such payment to the Government.
14. I/We have read and understood this consent form fully. The terms of this consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Applicant

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of applicant)</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p><u>Consent from parent / guardian:</u></p> <p>If the applicant is below 21 years old, please provide the consent and particulars of the parent / guardian of the applicant.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of parent / guardian of applicant)</p> <p>Relationship to applicant:</p> <p>_____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Applicant's Spouse

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of spouse)</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p><u>Consent from parent / guardian:</u></p> <p>If the applicant's spouse is below 21 years old, please provide the consent and particulars of the parent / guardian of the applicant's spouse.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of parent / guardian of spouse)</p> <p>Relationship to applicant's spouse:</p> <p>_____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> |
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Family Members

Complete this section only if you are applying for Additional Subsidy by PCI (please refer to Section D of this application).

If the family member is below 21 years old, parents or legal guardian of the minor may provide consent on behalf.

| | |
|----------------------------------------------------------------------------------------|----------------------------------------|
| <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p>_____</p> <p>(Signature)</p> |
| <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p>_____</p> <p>(Signature)</p> |
| <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p>_____</p> <p>(Signature)</p> |
| <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p>_____</p> <p>(Signature)</p> |
| <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p> | <p>_____</p> <p>(Signature)</p> |

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 relating to the applicant, child and/or any family members 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 verified¹⁹ 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.
4. I understand that any part of this application improperly completed may lead to the rejection of the application.

| | | |
|---------------------------------|-------------|----------------|
| ADVENTIST SCHOOLHOUSE | RC1789 | 65624932 |
| Name of Childcare Centre | Centre Code | Contact No. |
| / ADMIN OFFICER | | DD / MM / YYYY |
| Name / Designation of Personnel | Signature | Date |

¹⁹ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.