



WITHDRAWAL FORM

Extract from Terms & Conditions

- 6.1 Parents are required to submit the completed withdrawal notice to the admin office. The form can be obtained from the admin office or downloaded from the school website.
- 6.2 All withdrawal made in accordance with Clause 6.1 above shall be made together with a 1 month's written notice to the centre, or a payment of one month's school fees in lieu of notice. The deposit will be used to offset any outstanding payments owed to the centre, including any payment in lieu of notice. Any remaining amount will be refunded once any outstanding relevant documents and fees have been received.

The submission date of the withdrawal form should not exceed the first day of a calendar month if the child is to be withdrawn from the school by the end of that same calendar month.

Example:

- a. If parent submits the withdrawal form on 31 May, then the child's last day with the school is 30 June.
- b. If parent submits the withdrawal form on 1 June, then the child's last day with the school is 30 June.
- c. If parent submits the withdrawal form after 1 June, eg. 2 June, then the child's last day with the school is 31 July.

For the avoidance of any doubt, the school fee is payable in full during the notice period, including the last month of attendance

Name		Current Class		Birth Cert No./FIN No.
Contact Number	Programme enrolled <input type="radio"/> Full-day <input type="radio"/> Half-day	Last day of attendance in the centre	Effective Withdrawal Date	
Is your child holding a Student Pass Card?				
<input type="radio"/> No <input type="radio"/> Yes Parents should surrender child's student pass card to Immigration & Checkpoint Authority for cancellation within 7days.				
WITHDRAWAL REASON				
<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	Checklist		Payment mode	
<input type="radio"/> Self-collection at the office Date _____	<input type="radio"/> Update Attendance <input type="radio"/> Update ECDA <input type="radio"/> Update ICA <input type="radio"/> Submit to Accounts _____		<input type="radio"/> Cheque Cheque number _____ Payee name _____ <input type="radio"/> Baby Bonus Giro	
Remarks				

QP20/F01 Rev 4



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		

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 verified¹ 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.

ADVENTIST SCHOOLHOUSE

RC1789

65624932

Name of Childcare Centre_____
Centre Code_____
Contact No._____
/ ADMIN OFFICER_____
Name / Designation of Personnel_____
Signature

DD / MM / YYYY

Date

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