

**EARLY CHILDHOOD DEVELOPMENT AGENCY**

**APPLICATION FOR ADDITIONAL SUBSIDY FOR INFANT/CHILD CARE**

This form will take 10 – 15 minutes to complete.

If there are 5 or more family members in your household including more than 2 dependents<sup>1</sup>, you may wish to apply for the Additional Subsidy based on your family's Per Capita Income (PCI) by completing only Form 1B.

**Eligibility Criteria**

- Singapore Citizen children whose mother/single father is working 56 hours or more per month
- Families with gross monthly household income of \$7,500 and below or Per Capita Income of \$1,875 and below

Please note that for the purposes of determining your eligibility, we will be retrieving income data from CPF Board.

**SECTION I CHILD'S PARTICULARS**

Name as in Birth Certificate:

Birth  
Certificate No.:

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**SECTION II DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT (MOTHER / SINGLE FATHER) AND SPOUSE**

	<b>Main Applicant</b>		<b>Spouse (where applicable)</b>	
a) Do you work $\geq$ 56 hours/month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b) Is your spouse working?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you are in the following categories (c, d or e), please fill up f(i) or f(ii)</b>				
c) Just started working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Salaried employee without CPF contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Self-employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "Yes", submit SD <sup>2</sup>			
f(i) Gross monthly income. <sup>3</sup> <b>OR</b>	\$ _____ .00		\$ _____ .00	
f(ii) Wish to declare your gross monthly income directly through our ChildCareLink System (CCLS), please tick here. You will be informed via SMS notification to access the website at <a href="http://www.childcarelink.gov.sg">www.childcarelink.gov.sg</a> using your Singpass to declare your income.	<input type="checkbox"/> Declaration via CCLS		<input type="checkbox"/> Declaration via CCLS	

<sup>1</sup> Dependents refer to persons living in the same household who are not earning an income.

<sup>2</sup> Statutory declaration

<sup>3</sup> Gross monthly income based on your latest Notice of Assessment from IRAS.

**SECTION III CONSENT/DECLARATION BY MAIN APPLICANT (MOTHER/SINGLE FATHER/GUARDIAN) AND SPOUSE**

1. I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
  - 2.1 The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years.
  - 2.2 The Central Provident Fund Board (the "CPF Board") disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by ECDA and any information that can be derived from those contributions.
3. I/We also understand that any part of this application improperly completed may lead to the rejection of the application for subsidies.
4. 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 do not believe to be true. Should there be any change in gross monthly income of applicant and spouse in form 1A, I/we will update the child care centre at the earliest.

**Main Applicant (Mother / Single Father)**

	If the main applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant.
(Signature of main applicant)	(Signature of parent/guardian of main applicant)
Name: _____	Relationship to main applicant: _____
NRIC: _____	Name: _____
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC: _____
	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Main Applicant's Spouse**

	If the main applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant's spouse.
(Signature of main applicant's spouse)	(Signature of parent/guardian of main applicant's spouse)
Name: _____	Relationship to main applicant's spouse: _____
NRIC: _____	Name: _____
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC: _____
	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**SECTION IV VERIFICATION / DECLARATION BY CHILD CARE CENTRE**

I have verified the following documents and retained a copy at centre for record purposes:

(Please tick where applicable)

- Child's birth certificate/FIN/passport
- Main applicant / Spouse's NRIC /FIN/passport

I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].

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 of Infant / Childcare Centre	Centre Code	Contact No.
Name / Designation of CCC Personnel	Signature	<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <span>/</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <span>/</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p style="text-align: center; margin-top: 5px;">Date (dd/mm/yyyy)</p>