



HANIS



Montessori Playhouse

Registration Package

Kinder Juniors 2024

Full Day
childcare
programmes



Monday to Friday
7 am to 7 pm

Unique
3-language
Montessori
approach

3

18 months
to
6 years



English
Arabic
Malay





Exploration

Core principles
of **HANIS**
Montessori



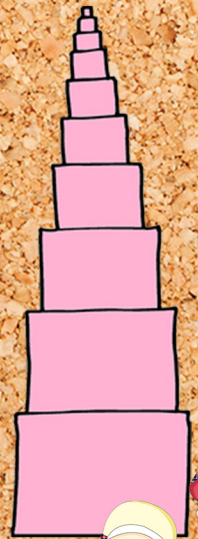
Self - discipline



Collaboration



Independence





What makes **HANIS** programs *holistic* ?

Circle Time

Music & Movement

Refine **listening skills**
Awareness of **movement**



Rhymes & Poetry

Development of **speech** **ABC**
language
early reading

Storytelling & Dramatisation

Spark **imagination**
Develop **literacy skills**



Moral Education

Build positive **values**
character




Play & Learn

Physical Exercise

fitness
strength
concentration




Creative Hands

dexterity
flexibility
self expression




Sensory Hands

cognitive growth
fine motor skills
social interaction







Science & Discovery

exploration
innovation
collaboration




Thematic Wednesdays

Indoor Games

I can ...
move actively
exercise happily






Art & Craft

I can ...
create freely
imagine wildly






Show & Tell

I can ...
speak confidently
listen attentively

Field Trips

I can ...
explore curiously
learn authentically


Montessori Learning Areas



Practical Life

Practical Life is designed in helping children ages three (3) and four (4) to develop and refine their sensory perception and motor development skills. The child creates an understanding of his or her environment, how the environment works and the importance of these activities in helping the child to develop manual dexterity.



Sensorial

Sensorial Education focuses on the understanding of how children ages three (3) and four (4) learn through sight (colour, dimensions and shapes), hearing (tone and pitch), touch (texture, weight, temperature, size and shape), smell and also taste.



Mathematics

Mathematics provides information and practical hands – on use of manipulative materials in helping children ages three (3) and four (4) learn to count, add, subtract, multiply and divide. The sequences take children from a state of working with concrete manipulative materials to working on an abstract symbolic level.



Language

Language covers the learning sequence from the basic phonetic sounds to phonograms and symbolic grammar exercises which develops comprehension and improves understanding of language.



Cultural Studies

Children have a great curiosity about the world we live in. Without a good knowledge of Cultural Studies, it will be impossible later on to get a clear idea of the relationship between Zoology, Botany, Geography and History. We may consider Cultural Studies as the foundation for other parts of knowledge and it is a subject in which the children show great interest.



Arabic Montessori Learning Areas

Surah And Doa'

Surah and Doa' focus on the pronunciations through individual recitation. It will aid the children to perform their daily prayers in the future and recite the Doa's fluently.



Arabic Sensorial

Arabic Sensorial exposes the children to basic Arabic words. They are taught the Arabic names of colours, shapes, sizes and texture. These activities expand their vocabulary in the Arabic Language.



Al - Arqam

Al - Arqam is an area where the children are taught to count in Arabic. They will first be taught on quantifying, followed by recognising the numerals. Indirectly, the child will also learn how to write the Arabic numerals through the materials provided such as the tactile numbers. They are also conditioned to start counting from right to left.



Huruf Hijaiyyah

Huruf Hijaiyyah is introduced through the recognition of individual huruf and sounds. It is a hands - on tactile experience for this area and they are taught to read the huruf from right to left. In addition, it prepares the children for reading and writing in Arabic.



Practical Solat

Practical Solat introduces the children to the five (5) daily prayers. They begin with Practical Wudhu' whereby the mudarrisahs will assess them following the steps of wudhu' individually. Recitation of Doa's and Niats will be followed by the practical movements such as the Sujud, l'tidal till Salaam.



Malay Montessori Learning Areas



Sensorial

Pendidikan Sensorial memberi kanak – kanak, berumur tiga (3) dan empat (4) tahun, peluang untuk mendalami aspek pendidikan menggunakan kelima – lima panca indra mereka.



Matematik

Matematik mengajar kanak – kanak untuk mengira, tambah, tolak, kali dan bahagi, dengan menggunakan alat bantuan mengajar yang disediakan. Kaedah ini memperkukuhkan asas kefahaman mereka dalam matematik.



Bahasa

Bahasa mengandungi aktiviti yang mengajar kanak – kanak asas tatabahasa. Aktiviti – aktiviti begini menguatkan pemahaman mereka mengenai Bahasa Melayu.



Kajian Alam

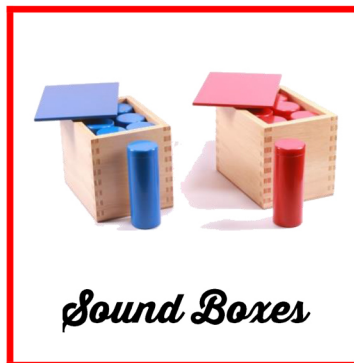
Kajian Alam memberi kanak – kanak peluang untuk menerokai dan memahami alam sekitar. Dengan pengetahuan tentang Kajian Alam, ianya memudahkan mereka untuk memahami hubungan antara, Zoologi, Botani, Geografi dan Sejarah. Kajian Alam adalah asas untuk meluaskan pengetahuan mereka.

Education is a natural process
carried out by the human individual,
and is acquired not by listening to words,
but by experiences in the environment
- Dr Maria Montessori



HANIS *Montessori Materials*

Being the pioneer in Arabic and Malay Montessori, **HANIS** manufactures their very own unique Arabic and Malay Montessori materials. These materials were specifically designed to support the Arabic and Malay Montessori programs that **HANIS** developed and are available for purchase through the **HANIS** Store.



Visit **HANIS** STORE @ www.ehanis.com/store to view our full range of products.



Our Programme

We run full day English, Arabic, Malay Montessori childcare programmes.



Our Classes

DISCOVERERS
1.5 - 2 years old

EXPLORERS
3 years old

KINDER JUNIORS
5 years old

CHALLENGERS
4 years old

KINDER GRADUATES
6 years old

Our Hours

Monday - Friday
7.00 am
to
7.00 pm

Our Monthly Fees

school fee
full day
\$ 1200
(subject to 9% GST)



transport fee
dependent
on location



Registration Documents

- ✓ Child's birth certificate
- ✓ Child's vaccination report
- ✓ Both parents' NRIC / pass
- ✓ Child Care Enrolment and Subsidy Application form
- ✓ iBanking payment of \$200 registration fee
- ✓ iBanking payment of C.O.P or signed CDA GIRO form





Registration Document Checklist

<u>Documents to SUBMIT</u>	<u>FOR OFFICIAL USE</u>
<input type="checkbox"/> 1. Birth certificate of the registered child	<input type="checkbox"/>
<input type="checkbox"/> 2. Identification card for both parents	<input type="checkbox"/>
<input type="checkbox"/> 3. Child's health booklet OR vaccination report <small>* completed mandatory MMR (min 1 dose) and primary diphtheria (3 doses) vaccination</small>	<input type="checkbox"/>
<input type="checkbox"/> 4. Latest 3 months payslips & CPF Statement (for salaried employees) OR latest NOA (for self – employed) for both parents	<input type="checkbox"/>
<input type="checkbox"/> 5. Supporting document for diagnosis (for special needs children)	<input type="checkbox"/>
<u>Forms to COMPLETE</u>	<u>FOR OFFICIAL USE</u>
<input type="checkbox"/> 1. S.W.K.P Registration Form	<input type="checkbox"/>
<input type="checkbox"/> 2. Questionnaire	<input type="checkbox"/>
<input type="checkbox"/> 3. Medical Information Form	<input type="checkbox"/>
<input type="checkbox"/> 4. Allergy Action Plan (optional – only for children with present allergies)	<input type="checkbox"/>
<input type="checkbox"/> 5. Media Permission Form	<input type="checkbox"/>
<input type="checkbox"/> 6. Authorisation for Collection of Child	<input type="checkbox"/>
<input type="checkbox"/> 7. Signed Checklist Of Payment (C.O.P)	<input type="checkbox"/>
<input type="checkbox"/> 8. Signed Terms & Conditions	<input type="checkbox"/>
<input type="checkbox"/> 9. Child Care Enrolment and Subsidy Application <small>(with supporting documents if required)</small>	<input type="checkbox"/>
<u>Payment of Registration Fee</u>	<u>FOR OFFICIAL USE</u>
<input type="checkbox"/> 1. iBanking Payment of \$ 200 (registration fee)	<input type="checkbox"/>
<u>OPTION 1 – Payment of Checklist of Payment (C.O.P)</u>	<u>FOR OFFICIAL USE</u>
<input type="checkbox"/> 1. iBanking Payment of Checklist of Payment	<input type="checkbox"/>
<u>OPTION 2 – Payment of Checklist of Payment (C.O.P)</u>	<u>FOR OFFICIAL USE</u>
<input type="checkbox"/> 1. Completed C.D.A GIRO Application Form	<input type="checkbox"/>
<input type="checkbox"/> 2. Birth certificate of the C.D.A child <small>(if utilising a sibling's account)</small>	<input type="checkbox"/>
<input type="checkbox"/> 3. Latest C.D.A Statement of Account	<input type="checkbox"/>

FOR OFFICIAL USE ONLY	Verified By	Signature	Date
	Remarks		



Registration Form 2024

Super Wonder Kid Programme (S.W.K.P)

COURSE PARTICULARS

<p>Branch Location :</p> <p>Kovan <input type="checkbox"/></p> <p>Enterprise One <input type="checkbox"/></p> <p>Elias Mall <input type="checkbox"/></p> <hr/> <p>S.W.K.P Session / Time :</p> <p>Full Day / 7.00 am to 7.00 pm <input type="checkbox"/></p>	<p>Pre – School Level :</p> <p>Discoverers (1.5 – 2 years old) <input type="checkbox"/></p> <p>Explorers (3 years old) <input type="checkbox"/></p> <p>Challengers (4 years old) <input type="checkbox"/></p> <p>Kinder Juniors (5 years old) <input type="checkbox"/></p> <p>Kinder Graduates (6 years old) <input type="checkbox"/></p>
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STUDENT'S PARTICULARS

<p>Full Name</p> <p>Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birth Certificate No :</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date of Birth :</p> <p>Race :</p> <p>Nationality :</p>	<p>Home Address</p> <p>Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Contact Numbers</p> <p>Home : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Father's Mobile : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Mother's Mobile : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Office : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>In Case of Emergency, contact :</p> <p>Contact No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Relationship To The Child :</p>
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TRANSPORT SERVICE

Transport Required ? Yes No

Pick Up Location :

Drop Off Location :



PARENT'S PARTICULARS

Mother's Full Name

Father's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

Date of Birth :

Race :

Race :

Nationality :

Nationality :

Qualification :

Qualification :

Occupation :

Occupation :

Email :

Email :

I declare that both parental consent has been sought for this registration. Should the other parent contest this decision in future, I undertake to resolve the issue with said parent directly. In cases of sole custody, I declare that I have sole custody and will provide the Court Order for verification.

I agree to pay the fees promptly. I will give one month written notice to **HANIS** Montessori Playhouse should I wish to withdraw my child. I will abide by the terms and conditions of the centre. I declare that all the particulars given above are true.

Name of Applicant

Relationship to Child

Signature

Date of Registration

FOR OFFICIAL USE ONLY :

Date Joined :

Other Notes :

Transporter Name :

Transporter Contact :

Transport Pick Up Time :

Transport Drop Off Time :

Initial Registration Payment

Registration Fee (Non – Refundable) : \$ 200

Electronic Banking

Date of Payment :

Transfer Confirmation from Finance

Receipt No :

Questionnaire

Name of Child :

Date of Birth :

Part One Kindly Tick (✓)

- | | |
|-----------------------|----------------|
| 1) Not toilet trained | Toilet trained |
| 2) Fussy eater | Anything goes |

Part Two Notes on the Child

Speech :

Language Exposed : English Malay Chinese Tamil Arabic
Others :

Social Skills : Friendly Physical Reserved Chatty
Others :

Milk : Formula Fresh Milk None

Nap Times :

Part Three Parents would like teachers to

Encourage : (1)
(2)

Avoid : (1)
(2)

Part Four Parents would like teachers to

Thank you for your information !

for **HANIS** Montessori Playhouse

Signature of Parent



Medical Information Form

Immunisation Records

Please attach vaccination report.
Vaccination must be up-to-date.

Food / Drug Allergies

	Allergy	Reaction	Action Plan
1			
2			
3			

Medical Conditions

	Condition	Medication and Dosage	Remarks
1			
2			
3			

Family Physicians

	Name of Doctor / Clinic	Address	Contact
1			
2			

Authorisation for Medical Attention

I, _____ of _____,
(name of signatory) (relationship to child) (name of child)

hereby authorise teachers to bring my child to the nearest clinic or hospital
for medical attention in cases of emergencies.

Other Notes

I, parent / guardian of _____ hereby declare that the
information provided above is **true and complete**. I understand that it is my
responsibility to **notify the school in writing of any changes** to the information above.

Name Of Signatory

Relationship To Child

Signature

Date



Individual Allergy Action Plan

Child's Name			DOB	
Allergies			Paste child's photo here.	

Mild to Moderate Reactions	Actions to Take

Severe Reactions	Actions to Take

Emergency Contact Details			
Name			
Relationship			
Contact			

Other Notes

I hereby declare that the above information is accurate and authorise school staff to administer first aid medication listed on this plan.

Name of Parent

Signature

Date

Media Permission Form

To the Admin In Charge :

I, parent of _____ from _____
(name of child) (class / session)

hereby **HANIS Montessori** and its representatives,
the absolute right and permission to use interviews, photographs and
/ or recordings of my child strictly for public relations, educational or
other purposes consistent with purpose and mission of **HANIS**
Montessori, including publication on the **HANIS** website.

I understand that the said materials shall become the property of
HANIS Montessori and may be used for promotional and publicity
effort.

I also understand that the sensitive information of my child will not be
revealed and the said materials will only be used exclusively for
HANIS Montessori's purposes.

I have read and understand the above.

Parent's Name : _____

Parent's Signature : _____ Date : _____



Authorisation for Collection of Child

Child's Name			DOB	
Person 1	Name		Paste photo here.	
	NRIC			
	Relationship			
	Contact No			
	Remarks			
Person 2	Name		Paste photo here.	
	NRIC			
	Relationship			
	Contact No			
	Remarks			
Person 3	Name		Paste photo here.	
	NRIC			
	Relationship			
	Contact No			
	Remarks			
Person 4	Name		Paste photo here.	
	NRIC			
	Relationship			
	Contact No			
	Remarks			

I hereby declare that the above information is accurate and authorise the above persons to collect my child from school. Should there be any changes, I will inform the school in writing.

Name of Parent

Signature

Date



Terms & Conditions

2024 Registrations

As extracted from **HANIS Handbook**

Fees For Programmes

Registration Fee

- 1) Registration fee is neither **REFUNDABLE** nor **TRANSFERABLE**.
- 2) It is to be paid by **immediate electronic banking** upon registration (unless applying for Start Up Grant).

School and Transport Deposits (NOT APPLICABLE PRIOR TO COURSE COMMENCEMENT)

- 1) A one (1) month school and transport deposit will be collected from every enrolled student during registration.
- 2) It is **REFUNDABLE**.
- 3) It will only be refunded upon,
 - a. Graduation with collection of Developmental Portfolio
 - b. Withdrawal with **one (1) month written notice** and collection of Developmental Portfolio
 - c. Clearing of any outstanding fee(s)

School and Transport Fees

- 1) Fees are **SUBJECT TO REVISION** with **PRIOR NOTICE**.

Late Payment

Payment of School and Transport Fees

- 1) Collection of the monthly school and transport fees is from the **20th of the previous month till the 7th of the current month**.
- 2) Payment made **after the 7th of the current month** will incur a **\$ 20.00 late payment fee**.
- 3) The **\$ 20.00 late payment fee** will be imposed **every month till the outstanding is cleared**.

C.D.A Payment

- 1) Fees deduction via C.D.A will be done on the **3rd and 23rd of every month for new batches**.
- 2) Every deduction made after the 7th of the current month will incur a **\$ 20.00 late payment fee and a \$ 30.00 administrative fee**.

Overtime Child Care Fees

- 1) Overtime rates will apply for late pick-ups.
- 2) Parents are provided with 5 minutes grace. No additional charge will be imposed on parents who pick their child up between 7.00 pm to 7.05 pm.
- 3) Overtime child care fees will be charged at **\$ 1 per minute** after the 5 minutes grace period.
- 4) Overtime child care fees are payable **immediately upon pick-up**.



Refund

Withdrawal prior to course commencement

- 1) Refunds will be made to parents within **three (3) months upon receipt of written withdrawal notification.**
- 2) The **refundable amount** will be calculated based on the **FULL** Checklist Of Payment (C.O.P) amount plus one month advance school and transport fees, regardless of the amount paid.
- 3) The **percentage** of refund will be calculated based on the month of the written withdrawal notification if a student **withdraws on his / her own accord before the commencement of the course.**
- 4) Should the amount paid be lesser than the administrative charges, an invoice will be generated for the balance.

Month of Written Withdrawal Notification (before course commencement)	Percentage Refundable	Percentage Retained as Administrative Charges
6 to 12 months	80 %	20 %
5 months	70 %	30 %
4 months	60 %	40 %
3 months	50 %	50 %
2 months	25 %	75 %
1 month	10 %	90 %

- 3) A request for a refund, outside the school's policy, will only be considered **UNDER CERTAIN CIRCUMSTANCES WITH VALID DOCUMENTATIONS** such as hospitalisation, prolonged illness, etc.
- 4) All refund is subject to approval by the Management.
- 5) Refund by electronic banking will be credited to parent's / child's personal account while C.D.A refund will be credited back into the child's C.D.A.
- 6) **100% of the fee will be forfeited** if written withdrawal notification is given after course commencement.
Course commencement refers to the **start** of the school year which is **1st January**, and not the first day of school. For children starting school in other months, course commencement refers to the child's start date.

Withdrawal after course commencement

- 1) The one (1) month deposit is **REFUNDABLE** upon,
 - a. Withdrawal with **one (1) month written notice** and collection DP Failing which, the one (1) month deposit will be **FORFEITED.**
- 2) Refunds will be made to parents within **three (3) months upon receipt of one (1) month written Withdrawal Letter.**

Transport

- 1) Computation of school bus fare is based on a yearly basis, **payable by 12 months.**
- 2) Pick – up and drop off points **MUST** be at the same location every day.
- 3) An additional charge of **\$ 30.00** will be imposed for every change in transport arrangement **on top of the monthly transport fee**, should the **pick – up location differ from the drop – off location.**
- 4) Transportation fee for a **one (1) way trip**, either pick – up or drop – off will be **charged at 80% of the two (2) way trip.**

Offset of Deposit

Graduation

- 1) The **one (1) month deposit** will be used to **offset December school and transport fees.**

Withdrawal

- 1) The **one (1) month deposit** **CANNOT BE USED** to offset any payment.

Orientation Period

- 1) The orientation period that we allow parents to come in with the new child varies from **3 days to a week MAXIMUM**. In order for the separation period and anxiety not to be prolonged, constant advices from the educators will be shared with the parents.
- 2) We **do not** provide children and parents with a **trial period**. We believe in providing sufficient time for children to adapt to the new school environment. A trial period does not provide accurate insights to the abilities of the child to adapt to school.

Enrolment Confirmation

- 1) Enrolment into the class is **only confirmed upon 100% payment of the Checklist Of Payment (C.O.P)**.
- 2) Partial payment of the C.O.P **does not confirm the enrolment**. Slots will be released to other enrolments with full C.O.P payments.
- 3) Slots are confirmed on a first-come-first-serve bases upon full C.O.P payment. Registration and enrolment will be closed once the classes are full.

Payment Methods

- 1) Payment can be made via the following modes :
 - a. Electronic banking to **DBS Current Account, 023 – 900835 - 6**
 - b. Child Development Account (C.D.A) *

*** Payment via C.D.A is only accepted for the Checklist Of Payment (C.O.P) [eligible items only] and monthly school and transport fees.** Other school expenses are to be paid via electronic banking.

I hereby agree to the terms and conditions listed above and I understand that the terms and conditions will be effective upon signing the Registration Form and Checklist Of Payment (C.O.P).

Name of Applicant : _____

Relationship to Child : _____

Signature : _____

Date of Registration : _____



Kinder Juniors Checklist Of Payment 2024

NAME : _____ BRANCH : _____

SESSION : _____

- 1. Insurance (\$ 10 per year) \$ _____
- 2. Uniform(s) (\$ 50 per set x _____) (Size _____) \$ _____
- 3. PE Attire(s) (\$ 40 per set x _____) (Size _____) \$ _____
- 4. Iron On Nametag (\$ 15 for 3 pieces x _____) \$ _____

Name :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 (max of 15 characters including spaces)

TOTAL AMOUNT (inclusive of 9% GST) : \$ _____

- 5. One Month School Deposit (Refundable with 1 month written notice) \$ _____
- 6. One Month Transport Deposit (Refundable with 1 month written notice) \$ _____

GRAND TOTAL AMOUNT PAYABLE : \$ _____

ELECTRONIC TRANSFER (DBS Current Account : 023 – 900835 – 6)
Kindly provide payment details via this form : <https://forms.gle/rLvE9NiWoUpb3Rvi8>

CDA NAME : _____ CDA Op
CDA NO. : _____

ADDITIONAL PURCHASES Mode of Payment : *Electronic Transfer*

- 1. English Lesson & Homework Activities (_____ months x \$ 10 per month) \$ _____
- 2. Malay Lesson & Homework Activities (_____ months x \$ 10 per month) \$ _____
- 3. Arabic Lesson & Homework Activities (_____ months x \$ 10 per month) \$ _____
- 4. Digital Developmental Portfolio (\$ 100 per child) \$ _____
- 5. Islamic Studies Package [optional] (\$ 30 for 3 books) \$ _____

TOTAL AMOUNT PAYABLE (inclusive of 9% GST) : \$ _____

ELECTRONIC TRANSFER (DBS Current Account : 023 – 900835 – 6)
Kindly provide payment details via this form : <https://forms.gle/rLvE9NiWoUpb3Rvi8>

for **HANIS** Montessori Playhouse

Signature of Parent

FOR OFFICIAL USE ONLY	Enrolment Date	Date	Total COP	Receipt No.
	Amount	Date	Receipt No.	
Paid via CDA				
Paid via Electronic Transfer				

My Reminders



CHILD CARE ENROLMENT AND SUBSIDY APPLICATION

- Fill up the HARDCOPY form
- Retrieve our payslips / NOA (forward softcopy to centre)

CDA GIRO FORM

- TRUSTEE must sign !
- Send HARDCOPY to centre

REGISTRATION FORMS

- Fill in digitally
- Use Adobe Acrobat app
- Send softcopy to centre

Helpline

- Ask centre for help
- Call, text, email ...

#HANIS Contact Cards

First Day

- Pack bag
- Calm nerves
- Enjoy the journey





CHILD CARE ENROLMENT AND SUBSIDY APPLICATION

This form is used for the purpose of:

- Submitting basic enrolment details (**applicable for all children**)
- Applying for Child Care Subsidies, Start-Up Grant (SUG) and/or Child Care Financial Assistance (CCFA) (**applicable for Singapore Citizen children only**); or
- Updating change in applicant (**for existing enrolled Singapore Citizen children**)

Part 1: Child Enrolment Details

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

Child 1										Please fill in this column if you are enrolling for more than one child										
Enrolment Date	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
Name as in Birth Cert / Passport																				
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
Citizenship	<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														
Birth Cert / FIN / Passport No.																				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Male <input type="checkbox"/> Female														
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others					<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others														
The following section is to be completed by the centre																				
Centre Details	Centre Name: _____ Centre Code: _____																			
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														
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 charged for enrolment month	<input type="checkbox"/> Full Month <input type="checkbox"/> Pro-rate 75% <input type="checkbox"/> No fee charged / Free trial <input type="checkbox"/> Pro-rate 50% <input type="checkbox"/> Pro-rate 25%					<input type="checkbox"/> Full Month <input type="checkbox"/> Pro-rate 75% <input type="checkbox"/> No fee charged / Free trial <input type="checkbox"/> Pro-rate 50% <input type="checkbox"/> Pro-rate 25%														
Monthly Programme Fee	\$ _____ (less discount if applicable)					\$ _____ (less discount if applicable)														

Part 2: Applicant and Spouse DetailsPlease complete **Part 2** to provide the information on the applicant and spouse.

Applicant		Spouse
Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Single Father ¹ <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Any Other Caregiver	<input type="checkbox"/> MSF Foster Parent <input type="checkbox"/> Head, Children Home
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Name (as in NRIC / FIN / Passport)		
NRIC/ FIN / Passport No.		
Date of Birth	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): D D / M M / Y Y Y Y <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): D D / M M / Y Y Y Y <input type="checkbox"/> Foreigner
Residential Address	Street and Building Name: _____ Block No.: _____ Floor No.: _____ Unit No.: _____ Postal Code: _____	
Contact Details	Mobile No.: _____ Email: _____	Mobile No.: _____ Email: _____

¹ If the mother is unavailable for divorced/separation/widowed cases, the applicant will be the single father.

Part 3: Application for Subsidies (for Singapore Citizen child only)²

Part 3A: Employment and Income Details of Applicant and Spouse

Please complete **Part 3A** to provide the employment and income details of both applicant and spouse.

- A working applicant refers to one who works **at least 56 hours per month³**.
- For salaried employees, ECDA will retrieve your income data from the Central Provident Fund (CPF) Board and the Inland Revenue Authority of Singapore (IRAS). Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year⁴ (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.)

Applicant	Spouse
<p>Please tick to select employment status and complete the details. Regardless of the applicant's working status, if you are living in HDB's Public Rental Scheme or receiving MSF's ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA), please fill in Part 3B.</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p>[Go to Part 3(C) if applicable]</p> <p><input type="checkbox"/> Not Working but applying for Special Approval (SA)⁵ and/or Child Care Financial Assistance (CCFA) [See Part 3(B), Part 3(C) and Part 4 for details, fill where applicable]</p> <p><input type="checkbox"/> Not Working and not applying for SA or CCFA - Skip Part 3(B), Part 3(C) and Part 4. [Based on your employment status, you will be eligible for the Basic Subsidy of \$150 only.]</p>	<p>Please tick to select employment status and complete the details.</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> • Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) • Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Not Working</p>

² Not applicable to MSF Foster Parent and Head of Children Home.

³ Please note that applicant/spouse on No-Pay Leave (i.e. not working for at least 56 working hours) should indicate in Form 1 as "Not Working and not applying for SA or CCFA".

⁴ Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

⁵ Applicants may apply for Special Approval if they are unable to work due to valid reasons, such as medical reasons, caregiving commitments, looking for a job, studying / training / on course, etc. For more details, see Part 3(B)(l).

Part 3B: Special Approval

Please complete **Part 3B** to apply for higher subsidies under **Special Approval**.

(I) Non-Working Applicant

- Non-working mothers / non-working single fathers are eligible for a monthly Basic Subsidy of \$150⁶.
- ECDA provides higher subsidies on a time-limited basis to mothers / single fathers who are unable to work due to valid reasons under Special Approval.
- Supporting documents (where applicable) are required.

(II) Households under the HDB's Public Rental Scheme or MSF's ComCare Assistance

- ECDA will qualify families under HDB's Public Rental Scheme or MSF's ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA) for the working mother Basic Subsidy and maximum Additional Subsidy.
- Supporting documents are not required at the point of application, unless the family is also applying for **Child Care Financial Assistance (CCFA)** (Part 4).
- Children from low-income households and enrolled in affordable preschools may also wish to apply for the **Start-Up Grant** (Part 4).

(I) Non-Working Applicant:	(II) Households under HDB's Public Rental Scheme or MSF's ComCare Assistance:
<p>Please tick to indicate reasons for not working:</p> <p><input type="checkbox"/> Looking for a job <input type="checkbox"/> [Optional] I wish to be referred to Workforce Singapore (WSG) for career matching services⁷.</p> <p><input type="checkbox"/> Studying / Training / On course (for at least 56 hours a month)</p> <p><input type="checkbox"/> Pregnancy (EDD⁸: DD / MM / YYYY)</p> <p><input type="checkbox"/> Medically unfit for work due to hospitalisation, long-term illness and/or permanent disability</p> <p><input type="checkbox"/> Taking care of sick or special needs family member</p> <p><input type="checkbox"/> Caring full-time for a sibling aged 24 months and below</p> <ul style="list-style-type: none"> • Name of Sibling: _____ • Birth Cert No.: _____ • Citizenship: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner <p><input type="checkbox"/> Incarcerated</p>	<p>Please tick to indicate if your family is currently under the following scheme(s):</p> <p><input type="checkbox"/> HDB's Public Rental Scheme</p> <p><input type="checkbox"/> MSF's ComCare Short-to-Medium-Term Assistance or Long-Term Assistance</p>

⁶ For Full-Day, Half-Day and Flexi Care 3 programmes. The non-working mother Basic Subsidy for Flexi Care 1 is \$55.

⁷ WSG will contact interested applicants to arrange for a meet-up to discuss their employment needs.

⁸ Please include your Expected Date of Delivery (EDD).

Part 3C: Employment and Income Details of Family Members

If your household has **5 or more family members, with at least 3 dependants who are not earning an income**, please also complete **Part 3C** to provide the details of your family members so that the Per Capita Income (PCI) of your household can be computed.

- All family members in this Per Capita Income (PCI) application must:
 - be related by blood, marriage and/or legal adoption; and
 - have the same address stated in their NRIC as the applicant.
- For salaried employees, ECDA will retrieve your income data from the CPF Board and IRAS. Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year⁹ (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.

Do you have a household with 5 or more family members, including at least 3 dependants with no income? <input type="checkbox"/> Yes – Please fill in the details of your family members below. <input type="checkbox"/> No – Please skip this section.				
Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

⁹ Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Part 4: Start-Up Grant and/or Child Care Financial Assistance (for Singapore Citizen child only)

- **Start-Up Grant (SUG)** is a one-time grant to cover the initial costs of enrolling a child in an infant/child care centre. SUG is capped at \$1,000 per child (inclusive of GST, if applicable) and covers the registration fee, deposit, school uniform, insurance and mattress.
- **Child Care Financial Assistance (CCFA)** provides fee assistance to lower-income families who enrol their child(ren) in affordable¹⁰ infant/child care programmes, but due to difficult family circumstances, need help with paying the monthly fees, even after receiving child care subsidies. The applicant (mother or single father) should be working. Applicants who are unable to work due to valid reasons may also apply. Valid reasons include looking for work, medically unfit for work, incarcerated, etc.
- Family’s monthly gross household income is \$3,500 and below, or Per Capita Income (PCI) not exceeding \$875.
- All applications will be assessed on a case-by-case basis.

Child 1	
<p><input type="checkbox"/> Child Care Financial Assistance from: _____(MM/YY) to _____(MM/YY)</p> <p>Type of Referral (A or B):</p> <p>A) Referred by agency¹¹:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family Service Centre (FSC) / other MSF-approved agencies <input type="checkbox"/> MSF <p>B) Self-Referred:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent(s) is/are not working and looking for work¹² (through WSG/e2i or Others) <input type="checkbox"/> Parent(s) is/are medically unfit to work <input type="checkbox"/> Parent(s) is/are incarcerated <input type="checkbox"/> Parent(s) is/are schooling or on course <input type="checkbox"/> Parent(s) is/are unable to work because caring for a family member who is ill <input type="checkbox"/> Family bears high cost of caring for sick / disabled dependant <input type="checkbox"/> Applicant is the child’s guardian (legal guardian or informal guardian) <input type="checkbox"/> Child is a resident in a children’s home under MSF’s purview <input type="checkbox"/> A single parent and in need of support <input type="checkbox"/> Parent(s) applied for financial assistance at a Social Service Office (SSO) in the last 3 months¹³ (Centre should upload this page, Form 1 Part 4, in CMS.) <input type="checkbox"/> Others¹⁴: _____ 	<p><input type="checkbox"/> Start-Up Grant (SUG) – If the child has benefitted from SUG previously, this application would be considered on an appeal basis only.</p> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc;"> <p><u>To be completed by the centre¹⁵:</u></p> <ul style="list-style-type: none"> • Registration fee (one-off upon enrolment) \$ _____ • Deposit (equivalent to one month’s fee, and retained in MSF upon SUG approval) \$ _____ • School uniform/physical education attire (on a needs basis, capped at 3 days’ requirement) \$ _____ • Insurance (one-off upon enrolment) \$ _____ • Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces) \$ _____ </div>

¹⁰ The family needs to consider if the monthly fee is affordable and within its budget, and would not lead to financial strain.

¹¹ Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.

¹² No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹³ Applicable only for Comcare Short-to-Medium-Term Assistance and Comcare Long-Term Assistance. No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹⁴ To indicate the reason(s) for the application and provide the relevant supporting documents (where applicable).

¹⁵ All items are for use in the current school year upon enrolment in the Centre only.

Child 2

Child Care Financial Assistance from:
 _____(MM/YY) to _____(MM/YY)

Start-Up Grant (SUG) – If the child has benefitted from SUG previously, this second application would be considered on an appeal basis only.

Type of Referral (A or B):

A) Referred by agency¹⁶:

- Family Service Centre (FSC) / other MSF-approved agencies
- MSF

B) Self-Referred:

- Parent(s) is/are not working and looking for work¹⁷ (through WSG/e2i or Others)
- Parent(s) is/are medically unfit to work
- Parent(s) is/are incarcerated
- Parent(s) is/are schooling or on course
- Parent(s) is/are unable to work because caring for a family member who is ill
- Family bears high cost of caring for sick / disabled dependant
- Applicant is the child's guardian (legal guardian or informal guardian)
- Child is a resident in a children's home under MSF's purview
- A single parent and in need of support
- Parent(s) applied for financial assistance at a Social Service Office (SSO) in the last 3 months¹⁸ (Centre should upload this page, Form 1 Part 4, in CMS.)
- Others¹⁹: _____

To be completed by the centre²⁰:

- Registration fee (one-off upon enrolment)
\$ _____
- Deposit (equivalent to one month's fee and retained in MSF upon SUG approval)
\$ _____
- School uniform/physical education attire (on a needs basis, capped at 3 days' requirement)
\$ _____
- Insurance (one-off upon enrolment)
\$ _____
- Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces)
\$ _____

¹⁶ Please submit Letter of Recommendation (LOR) if referred by an MSF-approved agency.

¹⁷ No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹⁸ Applicable only for Comcare Short-to-Medium-Term Assistance and Comcare Long-Term Assistance. No supporting documents are required at the point of application. MSF however reserves the right to request for supporting documents as part of the assessment, where required.

¹⁹ To indicate the reason(s) for the application and provide the relevant supporting documents (where applicable).

²⁰ All items are for use in the current school year upon enrolment in the Centre only.

Part 5: 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;">_____ (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>_____ (Signature of parent / guardian of applicant)</p> <p>Relationship to applicant: _____</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;">_____ (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>_____ (Signature of parent / guardian of spouse)</p> <p>Relationship to applicant's spouse: _____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>

Family Members

Complete this section only if you are applying for Additional Subsidy by PCI (please refer to Part 3C of application).

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

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Part 6: 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 verified²¹ 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.

Name of Centre	Centre Code	Contact No.
		DD / MM / YYYY
Name / Designation of Personnel	Signature	Date

²¹ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.

POSB CHILD DEVELOPMENT ACCOUNT (CDA) FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with a ✓)

Date: ✓ _____ To: Name of Bank: DBS Bank Ltd Name of Child (as in CDA): ✓ _____ Child's Birth Certificate Number: ✓ _____	Child Development Account (CDA) Number: ✓ _____ Name of Approved Institution (AI): ✓ HANIS Montessori Playhouse Trustee's Name: ✓ _____ Trustee's Home/Office/Mobile Number(s): ✓ _____ Trustee's Signature/Date : ✓ _____ (as in bank's records)
---	--

For thumbprint, please verify with DBS/POSB branch before submitting to AI.

- (a) I hereby instruct you to process the Approved Institution's instructions to debit my Child Development Account (CDA).
- (b) You are entitled to reject the Approved Institution's instruction if my CDA does not have sufficient funds and charge me a fee for this.
- (c) This authorisation will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through the Approved Institution.

PART 2: FOR APPROVED INSTITUTION'S COMPLETION

Bank	Branch	Approved Institution's Account Number	Approved Institution's Reference Number
7	1	7	1
0	2	3	0
0	2	3	9
0	0	8	3
5	6		

Bank	Branch	CDA Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Approved Institution

This Application is hereby REJECTED (please tick) for the following reason(s):

<input type="checkbox"/> Signature/Thumbprint [#] differs from Bank's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint [#] incomplete/unclear [#]	<input type="checkbox"/> Amendments not countersigned by customer/BO
<input type="checkbox"/> Account operated by signature/thumbprint [#]	<input type="checkbox"/> Other reason(s): _____

_____	_____	_____
Name of Approving Officer	Authorised Signature	Date

* For thumbprints, please go to the branch with your identification.
 # Please delete where inapplicable

Please complete all sections unless otherwise indicated.

1 Application Form for Interbank Giro for OCBC Child Development Account (CDA)

HOW TO APPLY

1. Complete Section 2 of this form.
2. Sign against amendments and do not use correction fluid.
3. Submit to the Approved Institution.

Funds in the OCBC Child Development Account (CDA) or CDA Extra can be deducted via GIRO to pay Approved Institutions.

Approved Institution (AI) means childcare centre, kindergarten, special education school or healthcare institution in respect of which approval has been granted to a person as an approved person under regulation 11 of the Child Development Co-Savings Act 2001.

Please log on to MSF's website (www.babybonus.gov.sg) for the list of Approved Institutions.

2 For Trustee's Completion

Name of Approved Institution (AI)

(Please check with your AI for the correct name used to deduct CDA funds)

HANIS Montessori Playhouse

Child's Name (as in CDA)

Child's Birth Certificate

T _____

CDA Number

Trustee's Name

Home Number

Mobile Number

Office Number

- (a) I hereby instruct OCBC Bank to process the Approved Institution's instructions to debit my OCBC Child Development Account (CDA).
- (b) OCBC Bank is entitled to reject the Approved Institution's debit instruction if my OCBC CDA does not have sufficient funds.
- (c) This authorisation will remain in force until terminated by OCBC Bank's written notice sent to my address last known to the Bank or upon receipt of my written revocation through the Approved Institution or to the Bank.

Signature

Date

For thumbprints, please verify with OCBC branch before submitting this form to the Approved Institution.

3 For Approved Institution's Completion

AI's Account Number

Bank Code

7 1 7 1

Branch Code

0 2 3

Account Number

0 2 3 9 0 0 8 3 5 6

OCBC CDA Number

Bank Code

7 3 3 9

Branch Code

(Branch code is the 1st 3 digits of the OCBC CDA Number)

Account Number

(Following 9 digits of the OCBC CDA Number)

Reference Number

4 For Bank's Completion

To: Approved Institution

Rejection Reason:

- | | |
|---|---|
| <input type="checkbox"/> Signature/thumbprint^ differs from Bank's record | <input type="checkbox"/> Signature/thumbprint^ incomplete/unclear |
| <input type="checkbox"/> Account operated by signature/thumbprint^ | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Amendments not countersigned | <input type="checkbox"/> Other reason (please state below) |

Name of Officer

Authorised Signature & Stamp

Date

CHILD DEVELOPMENT ACCOUNT (CDA) INTERBANK GIRO APPLICATION FORM

Please **FILL IN PART 1** of this form, **PRINT** it out, **SIGN** and **RETURN** to the Approved Institution.

PART 1: FOR TRUSTEE'S COMPLETION (FILL IN THE SPACES INDICATED WITH A *)		
* Date (DD/MM/YYYY):	* Name Of Approved Institution ("AI"): HANIS Montessori Playhouse	
* To: Name Of Trustee:	* Child's Name (as in CDA):	
* Mobile Number:	* Child's Birth Certificate:	
* Home Number:	* Child's CDA Number:	
(a) I/We hereby instruct you to process the AI's instructions to debit my/our account. (b) You are entitled to reject the AI's debit instruction if my/our account does not have sufficient funds. (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the AI.		
Trustee's Signature/Thumbprint**:		
(As In Bank/Finance Company's Records) **For thumbprints, please go to the branch with your identification.		
PART 2: FOR APPROVED INSTITUTION'S COMPLETION		
SWIFT BIC: DBSSGSG	Approved Institution's Account No.: 023 – 900835 – 6	Approved Institution's Customer Ref No.:
SWIFT BIC:	Account No. To Be Debited:	
PART 3: FOR BANK/FINANCE COMPANY'S COMPLETION		
To: The Manager (Name and Address of Approved Institution)		
Attn:		
This application is hereby REJECTED (please tick) for the following reason(s):		
<input type="checkbox"/> Signature/Thumbprint# differs from bank's/finance co's records	<input type="checkbox"/> Wrong account number	
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Amendments not countersigned by customer	
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____	
Name Of Approving Officer	Authorised Signature	Date (DD/MM/YYYY)
#Please delete where inapplicable		