



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE

This form will take 10 – 15 minutes to complete.
 You will need the following information:
 • Child's Birth Certificate/ Passport No.
 • NRIC/ Passport No. and employment details of Mother / Single Father / Guardian

SECTION I CENTRE DETAILS

Centre Name:			
Centre Address:		Postal Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION II ENROLMENT DETAILS

Admission Date ¹ :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
Type of Care Programme:	<input type="checkbox"/> Infant	<input type="checkbox"/> Child	<input type="checkbox"/> Student Care Service
	<input type="checkbox"/> Full Day <input type="checkbox"/> Half-Day (AM) <input type="checkbox"/> Half-Day (PM) <input type="checkbox"/> Flexi Care 1 - 12 hours to 24 hours per week <input type="checkbox"/> Flexi Care 2 - Above 24 hours to 36 hours per week <input type="checkbox"/> Flexi Care 3 - Above 36 hours to 48 hours per week <input type="checkbox"/> Flexi Care 4 - Above 48 hours per week <input type="checkbox"/> Emergency Care		<input type="checkbox"/> AM <input type="checkbox"/> PM
Fee Paid for the Enrolment Month:	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 2 weeks Fee <input type="checkbox"/> No Fee / Free Trial / Pro-rate fee less than 2 weeks (not entitled to subsidy) <input type="checkbox"/> No Fee (supported by Family Service Centre / Community Development Council)		

SECTION III CHILD'S PARTICULARS

Name as in Birth Certificate / Passport:			
Birth Certificate / FIN / Passport No.:		Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Singapore Permanent Resident	<input type="checkbox"/> Others _____
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Is Child currently enrolled in another centre ² ?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please state the Programme Type enrolled: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day (AM) <input type="checkbox"/> Half Day (PM) <input type="checkbox"/> Flexi 1/2/3/4 <input type="checkbox"/> Student Care Services		

SECTION IV MOTHER / SINGLE FATHER / GUARDIAN'S PARTICULARS

Name as in NRIC / FIN / Passport:			
NRIC / FIN / Passport No.:		Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

¹ Centres are required to provide a trial period of at least 2 weeks for new enrolments.

² This information is for centres to advise parents on eligible programme type if child is enrolled in another centre.

Nationality:	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Singapore Permanent Resident	<input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather
	<input type="checkbox"/> MSF Foster Mother	<input type="checkbox"/> Head, Children Home	<input type="checkbox"/> Others _____
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Residential Address			
Block No.:	_____	Floor No.:	_____ Unit No.:
Building Name:	_____		
Street Name:	_____	Postal Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Housing Type:	<input type="checkbox"/> HDB 1 room	<input type="checkbox"/> HDB 2 room	<input type="checkbox"/> HDB 3 room <input type="checkbox"/> HDB 4 room
	<input type="checkbox"/> HDB 5 room & Larger Flats	<input type="checkbox"/> Condominium, Private Flats & Landed	
Handphone No.:	_____	Home Tel No.:	_____
Email Address:	_____		
Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> Primary Education	<input type="checkbox"/> Secondary (General)
	<input type="checkbox"/> Secondary (Vocational)	<input type="checkbox"/> Junior College/ Centralised Institute	<input type="checkbox"/> Polytechnic Diploma
	<input type="checkbox"/> University Degree	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others _____
Working Status:	<input type="checkbox"/> Working 56 hrs or more per month ³	<input type="checkbox"/> On no-pay leave	
	<input type="checkbox"/> Working less than 56 hrs per month ³	<input type="checkbox"/> Not working	
IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:			
Company Name:	_____		
Commencement Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
Company Address	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas	
Block No.:	_____	Floor No.:	_____ Unit No.:
Building Name:	_____		
Street Name:	_____	Postal Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Office Tel No.:	_____		
Occupation:	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.)	<input type="checkbox"/> Service & Sales Workers
	<input type="checkbox"/> Executives & Managers	<input type="checkbox"/> Public Service	<input type="checkbox"/> Technicians & Associate Professionals
	<input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Others _____
SECTION V SPOUSE'S PARTICULARS			
Name as in NRIC / FIN / Passport:	_____		
NRIC / FIN / Passport No.:	_____	Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Singapore Permanent Resident	<input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Handphone No.:	_____	Email Address:	_____

³ Inclusive of self-employed, working from home, project basis etc.

Highest Educational Qualification:	<input type="checkbox"/> No Formal Qualification	<input type="checkbox"/> Primary Education	<input type="checkbox"/> Secondary (General)
	<input type="checkbox"/> Secondary (Vocational)	<input type="checkbox"/> Junior College/ Centralised Institute	<input type="checkbox"/> Polytechnic Diploma
	<input type="checkbox"/> University Degree	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Others _____
Working Status:	<input type="checkbox"/> Working	<input type="checkbox"/> Not Working	
Occupation:	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.)	<input type="checkbox"/> Service & Sales Workers
	<input type="checkbox"/> Executives & Managers	<input type="checkbox"/> Public Service	<input type="checkbox"/> Technicians & Associate Professionals
	<input type="checkbox"/> Production Craftsmen & Related Workers	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Others _____

SECTION VI DECLARATION BY MAIN APPLICANT (MOTHER / SINGLE FATHER / GUARDIAN)

I am aware that the information provided in this application will be given to and used by the Government to determine my eligibility for the infant/child care subsidy. 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. I also understand that any part of this application improperly completed may lead to the rejection of the application.

I hereby consent to the Ministry of Social and Family Development (MSF) releasing my particulars and those of my child/children presently in a child care centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.

□□ / □□ / □□□□

Signature of Main Applicant

Date (dd/mm/yyyy)

SECTION VII DECLARATION BY CHILD CARE CENTRE

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.

Name / Designation of CCC Personnel

Signature

□□ / □□ / □□□□

Contact No.

Date (dd/mm/yyyy)