

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR WITHDRAWAL FROM CHILDCARE CENTRE / SUBSIDY

<p>This form will take 5 minutes to complete. You will need the following information:</p> <ul style="list-style-type: none"> • Child's Birth Certificate/ Passport No. • NRIC/ Passport No. of Mother / Single Father / Guardian 			
SECTION I ENROLMENT DETAILS			
Name of Child (as in Birth Certificate / Passport):			Singapore BC / Passport No.:
Current Care Programme Type:	<input type="checkbox"/> Infant Care		<input type="checkbox"/> Child Care
	<input type="checkbox"/> Full Day		<input type="checkbox"/> Student Care Service
	<input type="checkbox"/> Half-Day (AM) <input type="checkbox"/> Half-Day (PM)		<input type="checkbox"/> AM
	<input type="checkbox"/> Flexi Care 1 - 12 hours to 24 hours per week		<input type="checkbox"/> PM
	<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		
SECTION II WITHDRAWAL FROM INFANT / CHILD CARE CENTRE			
Child's <u>last day</u> of attendance in centre:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
Reason for withdrawal:			
Fee paid for <u>last month</u> of attendance:	<input type="checkbox"/> Full month fee <input type="checkbox"/> Pro-rate 2 weeks fees <input type="checkbox"/> No fee / Free Trial / Pro-rated fees less than 2 weeks <input type="checkbox"/> No fee (Supported by Family Service Centre / Child Protection Service)		
One month notice given:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION III TEMPORARY WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR <u>ONE</u> MONTH)			
Reason for Temporary Withdrawal:			
<input type="checkbox"/> Child is on vacation <input type="checkbox"/> Child is not medically fit to attend centre <input type="checkbox"/> Keeping child at home due to infectious disease outbreak (e.g. HFMD) <input type="checkbox"/> Mother is on maternity leave and will care for child <input type="checkbox"/> Interim / temporary alternative care for child <input type="checkbox"/> Other reasons (please specify) : _____			
Subsidy Withdrawal Month:	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm/yyyy)		
Attendance for the month:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Note: The child must attend the centre for at least one day per month to be eligible for the subsidy)		
Fee Paid for <u>Temporary Withdrawal Month</u> :	<input type="checkbox"/> Full month fee <input type="checkbox"/> Pro-rate 2 weeks fees <input type="checkbox"/> No fee / Free Trial / Pro-rated fees less than 2 weeks <input type="checkbox"/> No fee (Supported by FSC / Child Protection Service)		

SECTION IV WITHDRAWAL FROM INFANT / CHILD CARE SUBSIDY (FOR <u>MORE THAN ONE</u> MONTH)	
Withdrawal with effect month:	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> (mm/yyyy)
Reason(s) for withdrawal:	
SECTION V DECLARATION BY MAIN APPLICANT	
<p>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.</p>	
_____	_____
Name of Main Applicant	NRIC / FIN / Passport No.
_____	_____
Signature	Date (dd/mm/yyyy)
SECTION VI DECLARATION BY CHILD CARE CENTRE	
<p>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)].</p>	
<p>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.</p>	
_____	_____
Name of Infant / Childcare Centre	Centre Code
_____	_____
	Contact No.
_____	_____
Name / Designation of CCC Personnel	Signature
_____	_____
	Date (dd/mm/yyyy)