

EARLY CHILDHOOD DEVELOPMENT AGENCY

**ANNUAL DECLARATION OF WORKING STATUS BY SUBSIDY APPLICANT(S)**

This form will take 10 minutes to complete.

- Kindly complete all fields and indicate 'NIL' if your particulars remain unchanged.
- If you are receiving Additional Subsidy, please complete Section IV

**SECTION I CHILD'S PARTICULARS**

Name of Child (as in Birth Certificate / Passport):

Singapore BC No. :

**SECTION II MAIN APPLICANT'S PARTICULARS (MOTHER / SINGLE FATHER / GUARDIAN)**

Name as in NRIC / FIN / Passport:

NRIC / FIN / Passport No. :

Working Status:

- Salaried Employee   
  Self-Employed   
  No Pay leave   
  Not Working

If you are a Salaried employee OR Self-employed, select below

- Working less than 56 hrs per month   
  Working 56 hrs or more per month

**IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:**

Company Name:

Commencement Date:

/  /  (dd/mm/yyyy)

**Company Address**

- Local     Overseas

Block No.:

Floor No.:

Unit No.:

Building Name:

Street Name:

Postal Code:

Occupation:

- Administrative Support   
  Executives & Managers   
  Production Craftsmen & Related Workers   
  Professionals (Doctors, Lawyers, Accountants, Engineers etc.)   
  Public Service   
  Others \_\_\_\_\_   
  Service & Sales Workers   
  Technicians & Associate Professionals

Office Tel No.:

Handphone No:

**SECTION III SPOUSE'S PARTICULARS**

Name as in NRIC / FIN / Passport:

NRIC / FIN / Passport No.:

Working Status:

- Working   
  Not Working   
  Self-Employed

Occupation:

- Administrative Support   
  Executives & Managers   
  Production Craftsmen & Related Workers   
  Professionals (Doctors, Lawyers, Accountants, Engineers etc.)   
  Public Service   
  Others \_\_\_\_\_   
  Service & Sales Workers   
  Technicians & Associate Professionals

Office Tel No.:

Handphone No:

**SECTION IV DECLARATION OF HOUSEHOLD INCOME**  
 ( Only for applicant who is receiving Additional Subsidy)

- No Change in Household income and the amount is \$7,500 and Per Capita Income (PCI) of \$1,875 and below
- Household income has changed since the last application for Additional Subsidy\*  
*\*Please complete Form 3 to notify change*

**SECTION V DECLARATION BY MAIN APPLICANT AND / OR SPOUSE**

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.

Name of Main Applicant	NRIC / FIN / Passport No.	Signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Date (dd/mm/yyyy)										
Name of Spouse (Where applicable)	NRIC / FIN / Passport No.	Signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Date (dd/mm/yyyy)										

**SECTION VI DECLARATION BY CHILD CARE CENTRE**

I am aware that our centre shall 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 of Infant / Childcare Centre	Centre Code	Contact No.										
Name / Designation of CCC Personnel	Signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Date (dd/mm/yyyy)										