

EARLY CHILDHOOD DEVELOPMENT AGENCY

DECLARATION FORM

This form is for the purpose of child care / KiFAS application and is to be submitted with:

- Form 1 / KF1 Child Care Enrolment and Subsidy / KiFAS Application (for Singapore Citizen children during enrolment); or
- Form 2 / KF2 Subsidy / KiFAS Update and Special Approval Application (for existing enrolled Singapore Citizen children)

income	of less than \$22 working as a (plant)	2,000		S NOTICE	e oi Ass	essment	(NOA) i.e. annua	
	Hawker / Food C	Caterer:						
Stall	/ Company Nam	e:						
NEA	license / Busine	ss registration	on No.:		, E	Effective Da	ate:	
NEA license / Business registration No.:, Effective Date:(dd/mm/yyy								
		a copy of th	ie stall owr	Note: Please provide a copy of the stall owner's NEA licence for verification.				
Note	: Please provide	100 100	ie stall owr	iei s ine/	- ilcerice	ioi veillic	alion.	
Note		100 100	e stall owr	iei s ine <i>i</i>	A licerice	FIOI VEIIIIC	auon.	
Note	: Please provide	abysitter						
Note	e: Please provide Private Tutor / B e past year, I am Name of	rendering /	have rendo		services	to the follo	owing persons:	
Note □ In th	e: Please provide Private Tutor / B e past year, I am	rendering /	have rende	ered my	services	to the follo	owing persons:	
Note □ In th	e: Please provide Private Tutor / B e past year, I am Name of	rendering / Child parent's	have rendo	ered my	services	to the follo	owing persons: Commencemen Date of Service	
Note □ In th	e: Please provide Private Tutor / B e past year, I am Name of	rendering / Child parent's	have rendo	ered my	services	to the follo	owing persons: Commencemen Date of Service	
Note □ In th	e: Please provide Private Tutor / B e past year, I am Name of	rendering / Child parent's	have rendo	ered my	services	to the follo	owing persons: Commencemen Date of Service	
In th	Private Tutor / Be past year, I am Name of child's parent	rendering / Child parent's NRIC No.	have rende Mobile Number	ered my Child's	services Name	to the following to the following the follow	owing persons: Commencemen Date of Service (dd/mm/yyyy)	
In th	e: Please provide Private Tutor / Bee past year, I am Name of child's parent	cabysitter rendering / Child parent's NRIC No.	have rende Mobile Number siness e.g	ered my Child's	services Name	to the following to the following the follow	owing persons: Commencemen Date of Service (dd/mm/yyyy) / Commodity	

	☐ Business Owner or Partner:
	Company Name:
	Business registration No.:, Effective Date: (dd/mm/yyyy)
	□ Others:
	Occupation: at (nature of job) (company name)
	Effective Date: (dd/mm/yyyy)
(2)	I dealars that I work at least 56 hours per month (applicable to main applicant only)
(2)	I declare that I work at least 56 hours per month (applicable to main applicant only).
(3)	My gross monthly income is \$
□ Se	ection II: Salaried Employee without CPF Contribution e.g. Hawker Assistant
(1)	I am working as a
,	(occupation)
	At effective from (company name) (dd/mm/yyyy)
	(company name) (dd/mm/yyyy)
(2)	I declare that I work at least 56 hours per month (applicable to main applicant only).
(3)	My gross monthly income is \$
	Note: Please provide a copy of the stall owner's NEA licence for verification.

□ Se	ection II	I: Separated from Spouse or Unde	rgoing Divorce			
(1)		ot in contact with my spouse since	(dd/mm/yyyy)			
(2)		My spouse's particulars are as follows:				
	• Na	Name:				
	NRIC / Identification no.:					
(3)	I am caring for my child / children whose particulars are as follows:					
	S/N	Name of Child		Birth Certificate No.		
□ Se	ection I\	/: Non-Parent Care Giver				
(1)	I am th	ne primary care-giver for the following	child(ren) since _			
		the primary care-giver for the following child(ren) since(dd/mm/yyyy)				
	Reaso	on why I am caring for the child(ren) is	3:			
				·		
(2)	The pa	The particulars of the child(ren) is/are as follows:				
	S/N	Name of Child	Birth Certificate No.	Relationship with Child		
(3)	The at	pove child(ren) is/are residing with me	e at			
	,	(a	address)	·		

Consent and Declaration by Applicant

- 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 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.
- 11. 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.
- 12. 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.
- 13. 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.

		DD/MM/YYYY
Name and NRIC/FIN/Passport No.	Signature of Declarant	Date

Declaration by Licensee / authorised personnel of Early Childhood Development Centre

1.	I am [the Licensee / authorised by the Lice	ensee of this Centre] to co	emplete this declaration.
2.	I am aware that all information submitted maintain the confidentiality of all such including the Personal Data Protection Centres Regulations 2018.	information and records	s in accordance with law,
3.	I have verified ¹ the above information to understand that I/our Centre may be liable know to be false or do not believe to be improperly completed may lead to the rejection.	e to prosecution for any in true. I understand that	formation furnished which I
В	ELLO BAMBINI MONTESSORI PTE LTD	PT9628	6255 3704
	Name of Centre / Kindergarten	Centre Code	Contact No.
			DD/MM/YYYY
	Name / Designation of Personnel	Signature	Date

¹ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.