# WITHDRAWAL FROM CHILD CARE CENTRE / SUBSIDY

## Part 1: Child Details

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

| | Child 1 | | Please fill in this column if you are withdrawing for more than one child | |
|---|---|---|---|---|
| Name as in Birth Certificate / Passport | | | | |
| Birth Certificate / FIN / Passport No. | | | | |
| Programme Level | ☐Infant Care<br>☐Playgroup<br>☐Pre-Nursery | ☐Nursery<br>☐K1<br>☐K2 | ☐Infant Care<br>☐Playgroup<br>☐Pre-Nursery | ☐Nursery<br>☐K1<br>☐K2 |
| Programme Type | ☐Full Day<br>☐Half Day(AM)<br>☐Half Day(PM) | ☐Flexi Care 1<br>☐Flexi Care 3 | ☐Full Day<br>☐Half Day(AM)<br>☐Half Day(PM) | ☐Flexi Care 1<br>☐Flexi Care 3 |

## Part 2: Withdrawal Details

**Please complete either Section A, B or C to indicate type of withdrawal.**

Section A: Withdrawal from Infant / Child Care Centre

| | Child 1 | Please fill in this column if you are withdrawing for more than one child |
|---|---|---|
| One-month notice served? | ☐Yes ☐No | ☐ Yes ☐ No |
| Date of Withdrawal | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y |
| Last Day of Attendance | D D / M M / Y Y Y Y | D D / M M / Y Y Y Y |
| Fee Paid for Withdrawal Month | ☐ Full Month Fee<br>☐ Pro-rate 75% fee (3 weeks)<br>☐ Pro-rate 50% fee (2 weeks)<br>☐ Pro-rate 25% fee (1 week)<br>☐ Pro-rate less than 25% fee<br>☐ No fee charged / Free trial | ☐ Full Month Fee<br>☐ Pro-rate 75% fee (3 weeks)<br>☐ Pro-rate 50% fee (2 weeks)<br>☐ Pro-rate 25% fee (1 week)<br>☐ Pro-rate less than 25% fee<br>☐ No fee charged / Free trial |
| Reason for Withdrawal | | |

Section B: Temporary Withdrawal (From 1 to 3 Months)

| | **Child 1** | **Please fill in this column if you are withdrawing for more than one child** |
|---|---|---|
| Does the child have at least 1 day attendance in the month when Temporary Withdrawal starts? | ☐ Yes ☐No | ☐ Yes ☐No |
| Fee Paid for the First Month of Temporary Withdrawal | ☐ Full Month Fee<br>☐ Pro-rate 75% fee (3 weeks)<br>☐ Pro-rate 50% fee (2 weeks)<br>☐ Pro-rate 25% fee (1 week)<br>☐ Pro-rate less than 25% fee<br>☐ No Fee charge / Free Trial | ☐ Full Month Fee<br>☐ Pro-rate 75% fee (3 weeks)<br>☐ Pro-rate 50% fee (2 weeks)<br>☐ Pro-rate 25% fee (1 week)<br>☐ Pro-rate less than 25% fee<br>☐ No Fee charge / Free Trial |
| Number of Months of Temporary Withdrawal | ☐ 1 ☐ 2 ☐ 3 | ☐ 1 ☐ 2 ☐ 3 |
| Month when Temporary Withdrawal starts | M M / Y Y Y Y | M M / Y Y Y Y |
| Reason for Temporary Withdrawal | | |

Section C: Withdrawal from Subsidy Scheme

| | **Child 1** | **Please fill in this column if you are withdrawing for more than one child** |
|---|---|---|
| Withdrawal month | M M / Y Y Y Y | M M / Y Y Y Y |
| Fee Paid for Withdrawal Month | ☐ Full Month Fee<br>☐ No Fee charge / Free Trial | ☐ Full Month Fee<br>☐ No Fee charge / Free Trial |
| Reason for Withdrawal from Subsidy Scheme | | |

## Part 3: Declaration by Applicant

1. I am aware that the information provided in this application will be given to and used by the Government to assess my withdrawal application. 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.

2. I understand that the onus is on me 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, I may be required to repay, in full or part, the subsidy and/or financial assistance provided to me by the Government.

3. I fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine if any adjustments to the quantum of subsidy/ financial assistance is necessary. I am also aware that if there are any payments previously made in mistake or error, I may be required to return any such payment to the Government.

| Name and NRIC/FIN/Passport No. | Signature of applicant | DD / MM / YYYY<br>Date |
|---|---|---|

## Part 4: 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 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 verified[1] 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. I understand that any part of this application improperly completed may lead to the rejection of the application.

| Name of Childcare Centre | Centre Code | Contact No. |
|---|---|---|

| Name / Designation of Personnel | Signature | DD / MM / YYYY<br>Date |
|---|---|---|

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