



**MINISTRY OF EDUCATION**

**APPLICATION FOR KINDERGARTEN CARE (KCARE) ADDITIONAL SUBSIDY**

<b>KINDERGARTEN CARE DETAILS (e.g. KCare @ Punggol Cove)</b>	
Name of KCare Centre:	
KCare Enrolment Date:	

<b>SECTION A</b>			
<b>Enrolled Child's particulars</b>		<b>Please fill in this column if you are enrolling for more than one child</b>	
Child's name as per Birth Certificate:		Child's name as per Birth Certificate:	
Birth Certificate No.:		Birth Certificate No.:	
KCare Session (e.g. K1 AM)		KCare Session (e.g. K1 AM)	
<b>MAIN APPLICANT'S PARTICULARS</b>		<b>HUSBAND'S PARTICULARS (IF APPLICABLE)</b>	
Name as in NRIC / FIN / Passport:		Name as in NRIC / FIN / Passport:	
NRIC / FIN / Passport No.:		NRIC / FIN / Passport No.:	
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others: _____		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Contact No.:		Contact No.:	
Email Address:		Email Address:	

**SECTION B  
DECLARATION OF KIFAS APPLICATION**

- I have applied for ECDA Kindergarten Financial Assistance Scheme (KIFAS) via the MK.

Please note that the approval period for KCare Additional Subsidy may differ depending on your KCare enrolment date or application date on this form.

**SECTION C  
DECLARATION OF MAIN APPLICANT'S EMPLOYMENT STATUS**

- I work at least 56 hours a month
- I am not working and require special approval:  
(Please provide relevant supporting documents)
  - Seeking employment and have a proof of employment search.
  - Enrolled in a course / training that is at least 56 hours a month.
  - Medically unfit to work
  - Caring full-time for family member due to medical reasons
  - Caring full-time for my child who is aged 24 months and below.
  - Others (please state):
- I am not working  
(Based on your employment status, you will only be eligible for the basic subsidy of \$150)

**SECTION D  
DECLARATION AND CONSENT BY MAIN APPLICANT**

1. I/We are aware that the information provided in this application will be given to and used by the Ministry of Education (“MOE”) to determine my/our eligibility for the Kindergarten Care subsidy.
2. I/We consent MOE to use ECDA’s computed amount of KiFAS subsidies to be given to my child/children to determine the amount of Kindergarten Care additional subsidy for my/our child/children which I/we have applied. This consent is applicable for 2 years at any time from the date of consent.
3. I/We also understand that any part of this application improperly completed may lead to the rejection of the application for subsidies.
4. 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. Should there be any change in gross monthly income of applicant and/or spouse or family members, I/we will update MOE at the earliest.

<p><b>Main Applicant</b></p>	<p><b>Consent from parent / guardian: If the applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant.</b></p>
<p>_____</p> <p>(Signature of applicant)</p> <p>Date of consent:</p>	<p>_____</p> <p>(Signature of parent/guardian of applicant)</p> <p>Relationship to applicant: _____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent:</p>

**FOR OFFICIAL USE ONLY**

<b>PART 1: TO BE COMPLETED BY KCARE OPERATOR</b>	
<ul style="list-style-type: none"><li>• I certify that the enrolment information provided is correct.</li><li>• For parents requesting for special approval, the relevant supporting documents have been attached.</li><li>• I am aware that the KCare Subsidy application records are subject to annual audits by centre-appointed independent Certified Public Accounting Firm or MOE staff.</li></ul>	
_____ Name / Designation of KCare Centre personnel	_____ Signature
Date:	

<b>PART 2: TO BE COMPLETED BY MOE SCHOOL / KINDERGARTEN</b>	
<ul style="list-style-type: none"><li>• I have confirmed the child is enrolled in MK.</li><li>• I have attached the KIFAS approval information <b>[Note: if KIFAS is status is pending, please only submit application form after KIFAS is approved]</b></li><li>• I have verified that any required supporting documents from applicants are attached.</li></ul>	
_____ Name / Designation of School/Kindergarten personnel	_____ Signature
Date:	

<b>PART 3: TO BE COMPLETED BY MOEHQ</b>	
<ul style="list-style-type: none"><li>• Additional Subsidy status: Approved / Rejected</li><li>• Please refer to attached Additional Subsidy letter for more information.</li></ul>	
_____ Name / Designation of MOE HQ personnel	_____ Signature
Date:	