

**APPLICATION FOR KINDERGARTEN FEE ASSISTANCE (KiFAS)
BASED ON TOTAL HOUSEHOLD INCOME**

NOTE:

- 1) Parents whose gross monthly household income is \$6000 and below and have a **Singapore Citizen** child enrolled in kindergartens operated by Anchor Operators (e.g. PCF) or Ministry of Education (MOE) may apply for KiFAS.
- 2) The applicant must be either the parent or legal guardian.
- 3) **If there are 5 or more family members living in the same household including more than 2 dependants, please complete Form KF2 instead.**
- 4) Dependants refer to persons living in the same household who are not earning an income.
- 5) The household income will be computed based on the gross monthly income of the applicant and his/her spouse.
- 6) Upon confirmation of the family's eligibility and the determination of the amount of KiFAS, it will be disbursed for a period of **2 years** after which the eligibility will be re-assessed. However, should your household income change during the 2 years, please complete Form KF3 and submit it to the kindergarten for re-calibration of KiFAS.
- 7) This form will take 10 – 15 minutes to complete. Please ensure that the form is duly completed before submission.

SECTION I TO BE COMPLETED BY KINDERGARTEN OPERATOR

SECTION I ENROLMENT DETAILS																	
Kindergarten code																	
Kindergarten name																	
Kindergarten address	Postal Code <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Date of admission (dd/mm/yyyy)	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; width: 80px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Type of programme	<input type="checkbox"/> Nursery 1 <input type="checkbox"/> Nursery 2 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Kindergarten 2																
Fees charged	Without GST \$ _____ (inclusive of kindergartens which are not GST registered) With GST \$ _____ (if applicable)																

SECTION II - VI TO BE COMPLETED BY PARENTS/GUARDIAN

SECTION II CHILD'S PARTICULARS																			
Name as in birth certificate		Birth certificate No.																	
Date of birth (dd/mm/yyyy)	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; width: 80px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others _____
Nationality	Singapore Citizen																		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																		

SECTION III APPLICANT'S/GUARDIAN'S PARTICULARS																			
Name as in NRIC / FIN / Passport		NRIC / FIN / Passport No.																	
Date of birth (dd/mm/yyyy)	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table; width: 80px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																	Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others _____
Nationality	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____																		
Relationship to child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian <input type="checkbox"/> MSF Foster mother <input type="checkbox"/> Head, Children Home <input type="checkbox"/> Others _____																		
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed																		
Residential address		Postal Code	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																
Contact number	(HP) _____	(H) _____	(O) _____																
Email address																			

Working status	<input type="checkbox"/> Working	<input type="checkbox"/> Not working
Occupation	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Professionals (Doctors, Lawyers etc) <input type="checkbox"/> Public service <input type="checkbox"/> Executive & Managers <input type="checkbox"/> Production Craftsmen & related workers <input type="checkbox"/> Self-employed <input type="checkbox"/> Service & sales workers <input type="checkbox"/> Technicians and Associate Professionals <input type="checkbox"/> Others _____	
Highest educational qualification	<input type="checkbox"/> No formal qualification <input type="checkbox"/> Primary education <input type="checkbox"/> Secondary education <input type="checkbox"/> Vocational / ITE <input type="checkbox"/> Junior College/Centralised Institute <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> University degree <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____	
Housing type	<input type="checkbox"/> HDB 1 room <input type="checkbox"/> HDB 3 room <input type="checkbox"/> HDB 5 room and larger <input type="checkbox"/> HDB 2 room <input type="checkbox"/> HDB 4 room <input type="checkbox"/> Condominium, Private flats and landed property	

SECTION IV SPOUSE'S PARTICULARS

Name as in NRIC / FIN / Passport		NRIC / FIN / Passport No.	
Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others _____
Nationality	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____		
Relationship to child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others _____		
Contact number	(HP) <input type="text"/> (H) <input type="text"/> (O) <input type="text"/>		
Email address	<input type="text"/>		
Working status	<input type="checkbox"/> Working	<input type="checkbox"/> Not working	
Occupation	<input type="checkbox"/> Administrative Support <input type="checkbox"/> Professionals (Doctors, Lawyers etc) <input type="checkbox"/> Public service <input type="checkbox"/> Executive & Managers <input type="checkbox"/> Production Craftsmen & related workers <input type="checkbox"/> Self-employed <input type="checkbox"/> Service & sales workers <input type="checkbox"/> Technicians and Associate Professionals <input type="checkbox"/> Others _____		
Highest educational qualification	<input type="checkbox"/> No formal qualification <input type="checkbox"/> Primary education <input type="checkbox"/> Secondary education <input type="checkbox"/> Vocational / ITE <input type="checkbox"/> Junior College/Centralised Institute <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> University degree <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____		

SECTION V HOUSEHOLD DETAILS**NOTE**

- For a parent who is a salaried employee receiving CPF contribution, we will check with the CPF Board on your gross monthly income. Gross monthly income is based on the average monthly income received over the last available 12 month period, including bonuses and allowances.
- For a parent who is self-employed, he/she will need to submit a Statutory Declaration (using the template provided by the Kindergarten) together with this application on the details of his/her trade/business/profession/vocation and the gross monthly income derived from the trade/business/profession/vocation. The declared gross monthly income should be based on the latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS) as applicable.
- For a parent who is not working, he/she will need to submit a Statutory Declaration together with this application on the non-working status.

Salaried employees

Items	Applicant		Applicant's spouse	
(a) Are you a salaried employee who receives monthly CPF contribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Did you only start work in the past 2 months prior to this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Declaration of gross monthly income If you answered "No" in (a) or "Yes" in (b) above, please declare your monthly income	\$ _____ .00		\$ _____ .00	

Self-employed persons

(d) Are you a self-employed person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Declaration of gross monthly income If you answered "Yes" in (d) above, please declare your monthly income	\$ _____ .00		\$ _____ .00	

SECTION VI CONSENT/DECLARATION BY APPLICANT AND SPOUSE AGED 21 AND ABOVE

1. I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the Kindergarten Fee Assistance Scheme (KiFAS).
2. I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in clause 2.1 and 2.2, at any time from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the Kindergarten Fee Assistance Scheme (KiFAS) for which I/we have applied (the "Purpose").
 - 2.1. The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade Income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years as applicable.
 - 2.2. The Central Provident Fund Board (the "CPF Board") disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by ECDA and any information that can be derived from those contributions.
3. I/We also understand that any part of this application improperly completed may lead to the rejection of the application for KiFAS.
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 spouse, I/we will update the kindergarten at the earliest.

Applicant/Guardian

If the applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant.

(Signature of applicant)

(Signature of parent/guardian of applicant)

Relationship to applicant: _____

Name : _____

Name : _____

NRIC : _____

NRIC : _____

Date of consent : _____
(dd/mm/yyyy)

Date of consent : _____
(dd/mm/yyyy)

Applicant's spouse

If the applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant's spouse.

(Signature of applicant's spouse)

(Signature of parent/guardian of applicant's spouse)

Relationship to applicant's spouse _____

Name : _____

Name : _____

NRIC : _____

NRIC : _____

Date of consent : _____
(dd/mm/yyyy)

Date of consent : _____
(dd/mm/yyyy)

FOR OFFICIAL USE ONLY (TO BE COMPLETED BY KINDERGARTEN OPERATOR)**SECTION VII VERIFICATION / DECLARATION BY KINDERGARTEN**

- I have verified the following documents and retained a copy at the kindergarten for record purposes (please tick where applicable):
 - Child's birth certificate/passport
 - NRIC/FIN/passport of applicant and spouse
 - Statutory Declaration from Applicant and/or Applicant's Spouse who are self-employed or not working
 - Appointment letter/Payslip from Applicant and/or Applicant's Spouse who have only started work in the past 2 months prior to this application
- I certify that the information provided by my kindergarten is correct.
- I am aware that the KiFAS records are subject to annual and ad-hoc audits by ECDA appointed independent Certified Public Accounting Firm or ECDA staff.
- I have verified the foregoing information to be true and understand that the kindergarten 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.
- I have explained to the applicant that:
 - the family will qualify for Start Up Grant (SUG) if the gross monthly household income is up to \$1,900 or Per Capita Income (PCI) of \$650;
 - the SUG (capped at \$240) is provided to families to pay for items such as registration fee, insurance, deposit, uniforms, material fees, supplementary fees.

APPLICATION FOR START UP GRANT (SUG)

Applicant is applying for SUG Yes No

Details of SUG	Amount
Registration fee	\$
Deposit	\$
Insurance	\$
School uniform / physical education attire (capped at 3 days' requirement)	\$
Education materials fee	\$
Supplementary Fee	\$
Total	\$

Name / Designation of kindergarten personnel

Signature

Name of kindergarten

Date

APPLICATION FOR KINDERGARTEN FEE ASSISTANCE (KIFAS)
BASED ON PER CAPITA INCOME

NOTE:

- 1) Per capita income computation for KIFAS is meant for families with 5 or more members living in the same household including more than 2 dependants.
- 2) Family members refer to persons related by blood, marriage and/or legal adoption and living in the same residential address as the applicant and should be duly reflected on their NRIC(s) and/or birth certificate(s). Dependants refer to family members living in the same household who are not earning an income.
- 3) If there are less than 5 family members in your household and/or not more than 2 dependants, please complete Form KF1 and submit to the kindergarten.
- 4) Parents whose gross per capita income is \$1,500 and below and have a **Singapore Citizen** child enrolled in kindergartens operated by Anchor Operators (e.g. PCF) or Ministry of Education (MOE) may apply for KIFAS.
- 5) The applicant must be either the parent or legal guardian.
- 6) Copies of NRIC/birth certificate of all the family members listed in the application must be attached with this form.
- 7) Upon confirmation of the family's eligibility and the determination of the amount of KIFAS, it will be disbursed for a period of **2 years** after which the eligibility will be re-assessed. However, should your household composition change during the 2 years, please submit a new application Form KF2.
- 8) This form will take 10 – 15 minutes to complete. Please ensure that this form is duly completed before submission.

SECTION I TO BE COMPLETED BY KINDERGARTEN OPERATOR

SECTION I ENROLMENT DETAILS									
Kindergarten code									
Kindergarten name									
Kindergarten address	Postal Code <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"><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><td style="width: 20px; height: 20px;"></td></tr></table>								
Date of admission (dd/mm/yyyy)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"><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; width: 100px; height: 20px; vertical-align: middle;"><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; width: 100px; height: 20px; vertical-align: middle;"><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>								
Type of programme	<input type="checkbox"/> Nursery 1 <input type="checkbox"/> Nursery 2 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Kindergarten 2								
Fees charged	Without GST \$ _____ (inclusive of kindergartens which are not GST registered) With GST \$ _____ (if applicable)								

SECTION II – VI TO BE COMPLETED BY PARENTS/GUARDIAN

SECTION II CHILD'S PARTICULARS (TO BE COMPLETED BY PARENTS/GUARDIAN)											
Name as in birth certificate		Birth certificate No.									
Date of birth (dd/mm/yyyy)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"><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; width: 100px; height: 20px; vertical-align: middle;"><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; width: 100px; height: 20px; vertical-align: middle;"><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>									Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others _____
Nationality	Singapore Citizen										
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female										

SECTION III APPLICANT'S/GUARDIAN'S PARTICULARS											
Name as in NRIC / FIN / Passport		NRIC / FIN / Passport No.									
Date of birth (dd/mm/yyyy)	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"><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; width: 100px; height: 20px; vertical-align: middle;"><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; width: 100px; height: 20px; vertical-align: middle;"><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>									Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others _____
Nationality	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____										
Relationship to child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian <input type="checkbox"/> MSF Foster mother <input type="checkbox"/> Head, Children Home <input type="checkbox"/> Others _____										
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed										

Residential address					Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact number	(HP)	(H)	(O)							
Email address										
Working status	<input type="checkbox"/> Working					<input type="checkbox"/> Not working				
Occupation	<input type="checkbox"/> Administrative Support			<input type="checkbox"/> Professionals (Doctors, Lawyers etc)			<input type="checkbox"/> Public service			
	<input type="checkbox"/> Executive & Managers			<input type="checkbox"/> Production Craftsmen & related workers			<input type="checkbox"/> Self-employed			
	<input type="checkbox"/> Service & sales workers			<input type="checkbox"/> Technicians and Associate Professionals			<input type="checkbox"/> Others _____			
Highest educational qualification	<input type="checkbox"/> No formal qualification			<input type="checkbox"/> Primary education			<input type="checkbox"/> Secondary education			
	<input type="checkbox"/> Vocational / ITE			<input type="checkbox"/> Junior College/Centralised Institute			<input type="checkbox"/> Polytechnic Diploma			
	<input type="checkbox"/> University degree			<input type="checkbox"/> Post Graduate			<input type="checkbox"/> Others _____			
Housing type	<input type="checkbox"/> HDB 1 room		<input type="checkbox"/> HDB 3 room		<input type="checkbox"/> HDB 5 room and larger					
	<input type="checkbox"/> HDB 2 room		<input type="checkbox"/> HDB 4 room		<input type="checkbox"/> Condominium, Private flats and landed property					
SECTION IV SPOUSE'S PARTICULARS										
Name as in NRIC / FIN / Passport				NRIC / FIN / Passport No.						
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Race		<input type="checkbox"/> Chinese <input type="checkbox"/> Indian				
						<input type="checkbox"/> Malay <input type="checkbox"/> Others _____				
Nationality	<input type="checkbox"/> Singapore Citizen			<input type="checkbox"/> Singapore Permanent Resident			<input type="checkbox"/> Others _____			
Relationship to child	<input type="checkbox"/> Father			<input type="checkbox"/> Mother		<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Others _____		
Contact number	(HP)	(H)	(O)							
Email address										
Working status	<input type="checkbox"/> Working					<input type="checkbox"/> Not working				
Occupation	<input type="checkbox"/> Administrative Support			<input type="checkbox"/> Professionals (Doctors, Lawyers etc)			<input type="checkbox"/> Public service			
	<input type="checkbox"/> Executive & Managers			<input type="checkbox"/> Production Craftsmen & related workers			<input type="checkbox"/> Self-employed			
	<input type="checkbox"/> Service & sales workers			<input type="checkbox"/> Technicians and Associate Professionals			<input type="checkbox"/> Others _____			
Highest educational qualification	<input type="checkbox"/> No formal qualification			<input type="checkbox"/> Primary education			<input type="checkbox"/> Secondary education			
	<input type="checkbox"/> Vocational / ITE			<input type="checkbox"/> Junior College/Centralised Institute			<input type="checkbox"/> Polytechnic Diploma			
	<input type="checkbox"/> University degree			<input type="checkbox"/> Post Graduate			<input type="checkbox"/> Others _____			
SECTION V HOUSEHOLD DETAILS										
NOTE										
<ul style="list-style-type: none"> • PCI is computed as follows : $\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$ • For a parent who is a salaried employee receiving CPF contribution, we will check with the CPF Board on your gross monthly income. Gross monthly income is based on the average monthly income received over the last available 12 month period, including bonuses and allowances. • For a parent/guardian who is self-employed, he/she will need to submit a Statutory Declaration (using the template provided by kindergarten) together with this application on the details of his/her trade/business/profession/vocation and the gross monthly income derived from the trade/business/profession/vocation. The declared gross monthly income should be based on the latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS). • For a parent/guardian/family member who is not working, he/she will need to submit a Statutory Declaration together with this application on the non-working status. 										
Salaried employees										
Items	Applicant			Applicant's spouse						
(a) Are you a salaried employee who receives monthly CPF contribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(b) Did you only start work in the past 2 months prior to this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

(c) Declaration of gross monthly income <i>If you answered "No" in (a) or "Yes" in (b) above, please declare your monthly income</i>	\$ _____ .00	\$ _____ .00
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Self-employed persons

(d) Are you a self-employed person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Declaration of gross monthly income <i>If you answered "Yes" in (d) above, please declare your monthly income</i>	\$ _____ .00	\$ _____ .00		

Details of family members

Note

- The family members need to declare their gross monthly income only if they are:
 - an employee without CPF contribution;
 - have only started work in the past 2 months prior to this application; or
 - is a self-employed
- For a family member who is self-employed, he/she will need to submit a Statutory Declaration (using the template provided by the Kindergarten) together with this application on the details of his/her trade/business/profession/vocation and the gross monthly income derived from the trade/business/profession/vocation. The declared gross monthly income should be based on the latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS) as applicable.

S/N	Name of family member	NRIC / BC no.	Date of birth	Relationship with child	Working status	Gross monthly income
1					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
2					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
3					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
4					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
5					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
6					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
7					<input type="checkbox"/> Working <input type="checkbox"/> Not working	
8					<input type="checkbox"/> Working <input type="checkbox"/> Not working	

SECTION VI CONSENT/DECLARATION BY APPLICANT, SPOUSE AND FAMILY MEMBERS AGED 21 AND ABOVE

- I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the Kindergarten Fee Assistance Scheme (KiFAS).
- I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in clause 2.1 and 2.2, at any time from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the Kindergarten Fee Assistance Scheme (KiFAS) for which I/we have applied (the "Purpose").
 - The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade Income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years as applicable.
 - The Central Provident Fund Board (the "CPF Board") disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by ECDA and any information that can be derived from those contributions.
- I/We also understand that any part of this application improperly completed may lead to the rejection of the application for KiFAS.
- 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 spouse, I/we will update the kindergarten at the earliest.

Applicant/Guardian

<p>_____</p> <p>(Signature of applicant)</p> <p>Name : _____</p> <p>NRIC : _____</p> <p>Date of consent : _____ (dd/mm/yyyy)</p>	<p>If the applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant.</p> <p>_____</p> <p>(Signature of parent/guardian of applicant)</p> <p>Relationship to applicant: _____</p> <p>Name : _____</p> <p>NRIC : _____</p> <p>Date of consent : _____ (dd/mm/yyyy)</p>
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Applicant's spouse

<p>_____</p> <p>(Signature of applicant's spouse)</p> <p>Name : _____</p> <p>NRIC : _____</p> <p>Date of consent : _____ (dd/mm/yyyy)</p>	<p>If the applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant's spouse.</p> <p>_____</p> <p>(Signature of parent/guardian of applicant's spouse)</p> <p>Relationship to applicant's spouse _____</p> <p>Name : _____</p> <p>NRIC : _____</p> <p>Date of consent : _____ (dd/mm/yyyy)</p>
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Family members

<p>(1)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>	<p>(2)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>	<p>(3)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>	<p>(4)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>
<p>(5)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>	<p>(6)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>	<p>(7)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>	<p>(8)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>NRIC/FIN/Passport no.</p> <p>_____</p> <p>Signature and date</p>

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SECTION VII VERIFICATION / DECLARATION BY KINDERGARTEN	
<ul style="list-style-type: none"> • I have verified the following documents and retained a copy at the kindergarten for record purposes (please tick where applicable): <ul style="list-style-type: none"> <input type="checkbox"/> Child's birth certificate/passport <input type="checkbox"/> NRIC/FIN/passport of applicant and spouse <input type="checkbox"/> NRIC/FIN/passport of family members with same residential address as applicant and spouse <input type="checkbox"/> Statutory Declaration from Applicant and/or Applicant's Spouse and/or family members who are self-employed or not working <input type="checkbox"/> Appointment letter/Payslip from Applicant and/or Applicant's Spouse and/or family members who have only started work in the past 2 months prior to this application • I certify that the information provided by my kindergarten is correct. • I am aware that the KIFAS records are subject to annual and ad-hoc audits by ECDA appointed independent Certified Public Accounting Firm or ECDA staff. • I have verified the foregoing information to be true and understand that the kindergarten 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. • I have explained to the applicant that: <ul style="list-style-type: none"> ➢ the family will qualify for Start Up Grant (SUG) if the gross monthly household income is up to \$1,900 or Per Capita Income (PCI) of \$650; ➢ the SUG (capped at \$240) is provided to families to pay for items such as registration fee, insurance, deposit, uniforms, material fees, supplementary fees. 	
APPLICATION FOR START UP GRANT (SUG)	
Applicant is applying for SUG	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of SUG	Amount
Registration fee	\$
Deposit	\$
Insurance	\$
School uniform / physical education attire (capped at 3 days' requirement)	\$
Education materials fee	\$
Supplementary fee	\$
Total	\$
<div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Name / Designation of kindergarten personnel</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Name of kindergarten</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> </div>	

APPLICATION TO TERMINATE
KINDERGARTEN FEE ASSISTANCE (KiFAS)

NOTE:			
1) This applicant must be either the parent or legal guardian.			
2) This form will take 5 minutes to complete. Please ensure that this form is duly completed before submission.			
3) <i>This document does not apply to children who graduate from K2 at the end of the academic year.</i>			
SECTION I CHILD'S PARTICULARS			
Name as in birth certificate:		Birth Certificate Number:	
Type of programme	<input type="checkbox"/> Nursery 1	<input type="checkbox"/> Nursery 2	<input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Kindergarten 2
SECTION II TERMINATION OF KiFAS			
I hereby authorise the Kindergarten to terminate my existing KiFAS with effect from			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <i>(mm/yyyy)</i>			
I am aware that the information provided in this application will be given to and used by the Government to terminate my eligibility for KiFAS.			
_____	_____	_____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <i>Date (dd/mm/yyyy)</i>
Name of Applicant / Guardian	NRIC / FIN / Passport No.	Signature	

FOR OFFICIAL USE ONLY (TO BE COMPLETED BY KINDERGARTEN OPERATOR)

SECTION III DECLARATION BY KINDERGARTEN		
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.		
_____	_____	_____
Name of Kindergarten	Kindergarten Code	Contact No.
_____	_____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <i>Date (dd/mm/yyyy)</i>
Name / Designation of kindergarten Personnel	Signature	



APPLICATION FOR START UP GRANT (SUG)

NOTE:

- 1) Parents whose gross monthly household income is \$1900 and below or gross per capita income is \$650 and below and have a **Singapore Citizen** child enrolled in kindergartens operated by Anchor Operators (e.g. PCF) or Ministry of Education (MOE) may apply for SUG.
- 2) Please complete this form ONLY if there is an **approved KiFAS** prior to this SUG application.
- 3) This form will take 5 – 10 minutes to complete. Please ensure that the form is duly completed before submission.

SECTION I TO BE COMPLETED BY APPLICANT

CHILD'S PARTICULARS

Name as in birth certificate		Birth certificate number	
Date of admission (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Type of programme (as at year of SUG)	<input type="checkbox"/> Nursery 1 <input type="checkbox"/> Nursery 2 <input type="checkbox"/> Kindergarten 1 <input type="checkbox"/> Kindergarten 2		
Fees charged	Without GST \$ _____ (inclusive of kindergartens which are not GST registered)		
	With GST \$ _____ (if applicable)		

VERIFICATION / DECLARATION BY MAIN APPLICANT AND / OR SPOUSE

1. 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.
2. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

			<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Applicant	NRIC/FIN/Passport No.	Signature	Date (dd/mm/yyyy)

			<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Spouse	NRIC/FIN/Passport No.	Signature	Date (dd/mm/yyyy)

SECTION II TO BE COMPLETED BY KINDERGARTEN OPERATOR																		
VERIFICATION / DECLARATION BY KINDERGARTEN																		
<ul style="list-style-type: none"> • I have verified that there is an approved KiFAS application prior to this SUG application. • I am aware that the KiFAS records are subject to annual and ad-hoc audits by ECDA appointed independent Certified Public Accounting Firm or ECDA staff. • I have explained to the applicant that: <ul style="list-style-type: none"> ➢ the family will qualify for a Start Up Grant (SUG) if the gross monthly household income is up to \$1,900 or Per Capital Income (PCI) of \$650; ➢ the SUG (capped at \$240) is provided to families to pay for items such as registration fee, insurance, deposit, uniforms, material fees, supplementary fees. ➢ 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. 																		
DETAILS OF START UP GRANT (SUG)																		
SUG for Year _____																		
Details of SUG	Amount																	
Registration fee	\$																	
Deposit (Monthly Fees charged by Kindergarten)	\$																	
Insurance	\$																	
School uniform / physical education attired (capped at 3 days' requirement)	\$																	
Education materials fee	\$																	
Supplementary fee	\$																	
Total	\$																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Name of Kindergarten</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Kindergarten Code</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Contact No.</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Name / Designation of kindergarten Personnel</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Signature</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> <table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>			Name of Kindergarten	Kindergarten Code	Contact No.	Name / Designation of kindergarten Personnel	Signature	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
Name of Kindergarten	Kindergarten Code	Contact No.																
Name / Designation of kindergarten Personnel	Signature	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																

Statutory Declaration

Information for parent:

Parents who wish to make a Statutory Declaration may do so at the Commissioner for Oaths Office of the Supreme Court or approach other Commissioner For Oaths (CFOs) in Singapore listed in this website (<http://www.conp.sg/co-np-directory-listing>). Parents who wish to make the SD at Supreme Court may proceed to the following location at:

Commissioner for Oaths
Level 3M
Supreme Court Building
1 Supreme Court Lane
Singapore 178879

No prior appointment is necessary for the making of SD.

The operating hours of the Commissioner for Oaths Office are as follows:

Mondays to Thursdays: 8.30 a.m. to 5.30 p.m.

Fridays: 8.30 a.m. to 5.00 p.m.

Contact Number: 63360644

Parents will need to go down in person with their identity cards and cash card or NETs cards for payment of the fee of \$20 at the Commissioner for Oaths Office.

EARLY CHILDHOOD DEVELOPMENT AGENCY (ECDA)

SUBSIDY SECTION

OATHS AND DECLARATIONS ACT

(CHAPTER 211)

STATUTORY DECLARATION

I, _____, NRIC/ FIN/ Passport No.: _____,

Address: _____

do solemnly and sincerely declare:

I am not working.
(Note: Please proceed to sign off.)

I am working and the details of my employment are as follows:

1. I work as a full / part-time _____
(occupation)

at _____ effective from: _____
(company name / place of work) (dd/mm/yyyy)

2. My working hours are from _____ to _____, _____
(time) (time) (e.g. Monday)

to _____.
(e.g. Friday)

3. I work at least 56 hours / a total of _____ hours per month.

4. My gross monthly income is \$ _____.

And I make this solemn declaration by virtue of the provisions of the Oaths and Declarations Act (Cap. 211), and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at Singapore)

this day of)

(R.T.P./Signature of Declarant)

Before me,

Interpreted by

Commissioner for Oaths, Singapore