



Ministry of Education
SINGAPORE

MINISTRY OF EDUCATION

APPLICATION FOR KINDERGARTEN CARE (KCARE) ADDITIONAL SUBSIDY

KINDERGARTEN CARE DETAILS	
Name of KCare Centre:	KCare @
KCare Enrolment Date:	DD / MM / YYYY

SECTION A			
Enrolled Child's particulars		Please fill in this column if you are enrolling for more than one child	
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)	
MAIN APPLICANT'S PARTICULARS		HUSBAND'S PARTICULARS (IF APPLICABLE)	
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"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
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 MK.

**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 tick reason(s) for not working and provide relevant supporting documents as indicated)
 - Seeking employment (to provide proof of employment search)
 - Enrolled in course / training that is at least 56 hours a month (to provide letter of enrolment with course details)
 - Pregnant and medically unfit for work (to provide medical certificate or doctor's memo indicating estimated date of delivery and medical reasons)
 - Medically unfit for work (e.g. due to hospitalisation, illness and/or permanent disability etc) (to provide medical certificate or doctor's memo)
 - Caring full-time for family member due to medical reasons (to provide medical certificate or doctor's memo)
 - Caring full-time for younger child aged 24 months & below (to provide child's birth certificate)
 - Incarcerated (to provide Letter of Incarceration)
 - Receiving MSF's ComCare Short-to-Medium-Term Assistance or Long-Term Assistance or under HDB Public Rental Scheme (please refer to KiFAS approval email)
 - 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 ACKNOWLEDGEMENT BY MAIN APPLICANT**

1. I/We am/are aware that the information provided in this application will be collected and used by the Ministry of Education (MOE) to determine my/our eligibility for the Kindergarten Care additional subsidy and if there are any payments made in mistake or error, I/we may be required to return any such payment to MOE.
2. I/We understand and acknowledge that, if my child/children included in this application is eligible for the Kindergarten Care additional subsidy, MOE will be obtaining from EDCA the computed amount of KiFAS subsidies to be given to my child/children to determine the amount of Kindergarten Care additional subsidy that will be given to my/our child/children.
3. I/We declare that the information provided in this application by me/us is true and correct.
4. I agree, understand and acknowledge that: (a) providing any false information is a criminal offence punishable under Section 182 of the Penal Code 1871, and the punishment for such an offence is imprisonment for up to two years or a fine or both; (b) the information I have given in this application will or is likely to be used by a public servant for the purpose of evaluating if my child is eligible for the Kindergarten Care additional subsidy; (c) the onus is on me/us to ensure that all information provided is true and accurate; and (d) in the event of any false or inaccurate information being submitted to MOE, 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 provided to me/us by MOE.
5. I/We will inform MOE if there are any changes to the information provided in this application (e.g. any changes to the Main Applicant's employment status or my/our total gross household income).

Main Applicant	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.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Signature of applicant) Date of Consent: DD / MM / YYYY	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Signature of parent/guardian of applicant) Relationship to applicant: _____ Name: _____ NRIC / FIN No.: _____ Date of Consent: DD / MM / YYYY

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TO BE COMPLETED BY KCARE OPERATOR

- I have confirmed that the child is currently enrolled in MK
- I hereby certify that all the information provided in this application is true and correct
- I have verified the child's KiFAS information and the required supporting documents (if any) submitted by the applicants
- 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

Note: Please submit the Additional Subsidy application after KiFAS is approved

Name / Designation of KCare Centre personnel

Signature

Date: **DD / MM / YYYY**