

## APPLICATION FORM PRESCHOOL SUBSIDY SCHEME (For Kindergarten)

ETF REF NO.:

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**INSTRUCTIONS**

1. Please fill up one application form for each child.
2. To expedite processing, please state all the required information clearly and attach the relevant documents.
3. Please read the instructions carefully before completing the form and write clearly and legibly in BLOCK LETTERS. All columns and spaces must be filled. "NA" entry must be written wherever is inapplicable.
4. **Photocopies of the child's birth certificate, parents' ICs, parents' latest payslips, marriage/divorce/death certificate correspondences confirming grants or subsidies received must be attached to the application form.**
5. Please note that willful suppression of information can lead to the rejection of the application or if approved, the immediate termination of the subsidy.

\* To tick where appropriate

PART I: CHILD'S PARTICULARS				
Name (as in BC) :			Birth Certificate Number :	
Gender : * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth : / / dd   mm   yy	Birth Order : <input type="checkbox"/> 1 <sup>st</sup> child <input type="checkbox"/> 2 <sup>nd</sup> child <input type="checkbox"/> 3 <sup>d</sup> child <input type="checkbox"/> 4 <sup>th</sup> child <input type="checkbox"/> 5 <sup>th</sup> child onwards	Race :	Religion :
Nationality :	Address (where child is residing) : _____ _____		Name of Primary Care Giver:	
Home Ownership : * <input type="checkbox"/> Purchased <input type="checkbox"/> Rental <input type="checkbox"/> Others _____		Type of Flat : * <input type="checkbox"/> 1-room <input type="checkbox"/> 2-room <input type="checkbox"/> 3-room <input type="checkbox"/> 4-room <input type="checkbox"/> 5-room <input type="checkbox"/> Executive <input type="checkbox"/> Others		
Name of Kindergarten & Branch :		Type of Kindergarten : * <input type="checkbox"/> PCF <input type="checkbox"/> Private <input type="checkbox"/> Mosque-based <input type="checkbox"/> W/O		
Kindergarten – Number of hours : * Level: _____ <input type="checkbox"/> 2 hrs <input type="checkbox"/> 3 hrs <input type="checkbox"/> 4 hrs <input type="checkbox"/> Others _____ hrs		Commencement Date : / / dd   mm   yy		
PART II: PARTICULARS OF CHILD'S FATHER / LEGAL GUARDIAN / PRIMARY CARE GIVER				
Name in full (as in NRIC) :			NRIC/Passport No :	
Date of Birth / Age : / / dd   mm   yy	Race :	Nationality :	Marital Status : * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Others	
Address & Contact Telephone Number :				
Telephone No : _____(Home) _____(Office) _____(HP)				

Highest Qualification : *		Employed : *	
<input type="checkbox"/> Primary & Below <input type="checkbox"/> Secondary <input type="checkbox"/> N level <input type="checkbox"/> O level <input type="checkbox"/> A level <input type="checkbox"/> NTC/ITE <input type="checkbox"/> Diploma <input type="checkbox"/> Degree and above		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others <input type="checkbox"/> Selfemployed	
Occupation :		Gross Monthly Salary :	
Name & Address of Employer :		Net Monthly Salary :	
Reasons for not working :			

**PART III: PARTICULARS OF CHILD'S MOTHER**

Name in full (as in NRIC) :			NRIC/Passport No :	
Date of Birth / Age :	Race :	Nationality :	Marital Status : *	
/ / dd mm yy			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Others	
Address & Contact Telephone Number :				
Telephone No : _____(Home) _____(Office) _____(HPhone)				
Highest Qualification : *			Employed : *	
<input type="checkbox"/> Primary & Below <input type="checkbox"/> Secondary <input type="checkbox"/> N level <input type="checkbox"/> O level <input type="checkbox"/> A level <input type="checkbox"/> NTC/ITE <input type="checkbox"/> Diploma <input type="checkbox"/> Degree and above			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others <input type="checkbox"/> Selfemployed	
Occupation :			Gross Monthly Salary :	
Name & Address of Employer :			Net Monthly Salary :	
Reasons for not working :				

**PART IV: HOUSEHOLD PARTICULARS**

Name of siblings / other family members	Age	Relationship to child	Occupation	Net Monthly Income	Remarks

**PART V: DECLARATION**

I declare that all information given herein and all attachments hereto are true and correct to the best of my knowledge. I understand that a misrepresentation or omission of facts will be sufficient cause for my application to be rejected.

\_\_\_\_\_  
Parent's/Guardian's Name and Signature

\_\_\_\_\_  
Date

<b>PART VI: CHECKLIST</b>			
<i>(Where applicable, kindly attached the following supporting documents with this application form)</i>	<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Birth Certificate of all children			
2. NRIC of parents / guardian			
3. Parents/Guardian's latest payslip, letter from employer confirming latest pay or latest CPF statement or declaration form			
4. Marriage / Divorce / Death Certificate (if applicable)			
5. Supporting documents: Other financial subsidy received			
6. Supporting documents: Latest income tax return			
7. Medical report & appointment (if applicable)			
8. Visitation Card – prison/ DRC / others (if applicable)			
9. Others			
<b>PART VII: TO BE COMPLETED BY KINDERGARTEN</b>			
<p><b>Summary of Payment</b></p> <p>Monthly Kindergarten Fees : \$ _____</p> <p>less KiFAS / Preschool subsidy per month : \$ _____</p> <p>Monthly payment by parents : \$ _____</p>	<p><b>PAP Community Foundation</b></p> <p>Does child receive KiFAS? *</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, state amount : \$ _____/mth</p> <p>Subsidy period : _____</p> <p>Payment Period * : 10 mths / 12 mths</p> <p><b>Private / Mosque-based / VWO</b></p> <p>Does Kindergarten subsidise the fees? *</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, state amount : \$ _____/mth</p> <p>Subsidy period : _____</p>		
Licence No. of Kindergarten:	Address of Kindergarten:		
Telephone No: Fax No:	Person to Contact for more information:		
<p><b>Cheque payable to:</b> _____</p> <p style="text-align: center;"><i>(Bank Account Name of the Kindergarten)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Address of the Kindergarten, if different from above)</i></p>			
<b>Completed by:</b>		_____	_____
		Name/ Designation	School Stamp
		_____	_____
		Signature	Date

**PART VIII: TO BE COMPLETED BY CASE OFFICER ONLY**

Name of Officer attended case : \_\_\_\_\_ Date of Submission : \_\_\_\_\_  
Name / Signature

CS Ref. No : \_\_\_\_\_ Source of Referral : \_\_\_\_\_

Facilitate registration into preschool \* : Yes / No

Start-up cost raised \* : Yes (attach copy of receipt) / No

Remarks : \_\_\_\_\_  
\_\_\_\_\_

Signature of Officer/ Date : \_\_\_\_\_

Verified by : \_\_\_\_\_ Date : \_\_\_\_\_

**PART IX: FOR ETF OFFICER USE ONLY**

Check by: \_\_\_\_\_ Date : \_\_\_\_\_

**No. of person in the family:** \_\_\_\_\_

**Net household income :** \$ \_\_\_\_\_

**Per-Capita Income:** \$ \_\_\_\_\_

Verify by: \_\_\_\_\_ Date : \_\_\_\_\_

**Status:** Approved / Not Approved

If not approved, why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART X: FOR ETF DISBURSEMENT SUB-COMMITTEE**

**Approved / Not Approved**

Approve by : \_\_\_\_\_ Date : \_\_\_\_\_

# **EDUCATION TRUST FUND**

## **FOR PRE-SCHOOL SUBSIDY SCHEME**

### **1. THE SCHEME**

- 1.1 The Fund will be used to provide financial assistance for pre-school education to Malay/Muslims in cases where existing financial assistance schemes are unable to provide or the amount provided by existing schemes are insufficient.

### **2. OBJECTIVE**

- 2.1 The objective of scheme is to encourage parents to send their children to pre-school preferably to childcare centres to prepare their children for primary one. This is to ensure that their children get a good headstart in life.

### **3. TARGET GROUP**

- 3.1 Children from low-income families:
- a) Children from single-parent (single-mother, single-father) households;
  - b) Children cared for by guardians (eg: parents in prison, DRC, absentee parents);
  - c) Children from 'at-risk' families or needing special care and protection.

### **4. ELIGIBILITY CRITERIA**

- 4.1 To be eligible the child must be:
- Singaporean or a Permanent Resident
  - Between 5 to 6 years old
  - Must be a Malay and/or Muslim
- 4.2 At least one of the child's parents must be a Singaporean or a Permanent Resident.
- 4.3 Net total family income<sup>1</sup> of applicant must not be more than \$1800 or the family's per capita income (PCI)<sup>2</sup> must not be more than \$450.
- 4.4 Applicant must first be made to obtain the existing financial assistance available for PSE before an application can be made for ETF subsidy.
- 4.5 Parents must bear at least 10% of the net school fees after non-ETF subsidy before ETF can subsidise any portion.
- 4.6 Those applying for ETF under any extenuating circumstances may also be considered on a case-by-case basis.

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<sup>1</sup> The household income refers to the income of all members staying within the same household. It includes the income of other family members (eg: grandparents, aunts or uncles) living in the same household, or income of the guardian caring for the child whose parents are absent.

<sup>2</sup> Per capita income is calculated as follows: Net total household income divided by number of persons in the household

## 5. PERIOD OF SUBSIDY

- 5.1 The amount subsidized will cover a maximum period of one year or for the duration the child is attending the pre-schools whichever is lower.
- 5.2 Parents must submit a Review Form to ETF Secretariat for extension of subsidy, see Section 7.

## 6. APPLICATION PROCEDURE

- 6.1 Parents are to enroll their child in a MCYS-registered childcare centre or MOE-registered kindergarten.
- 6.2 Parents are to apply for KiFAS or other existing subsidies (from MCYS or CDCs) and pre-schools.
- 6.3 Upon approval of their application for subsidy, parents can then apply for ETF subsidy. Forms are obtainable from ETF Secretariat at Mendaki or through the respective pre-schools.
- 6.4 Supporting documents required are:
- a) Copy of child's birth certificate
  - b) Copies of parents/legal guardian NRIC
  - c) Copy(ies) of sibling(s) birth certificate
  - d) Copies of parents/legal guardians payslips or document showing income
  - e) Copies of KiFAS application results, if applicable
  - f) Other pre-schools subsidies applied
  - g) Other supporting documents, where applicable
    - Certificate of marriage/divorce/death
    - Guardianship/Custody papers
    - Notice from Prison and/or DRC
- 6.5 Completed forms and supporting documents are to be submitted to:
- The Secretariat (Pre-school subsidy application)***  
***Education Trust Fund***  
***51 Kee Sun Avenue***  
***Singapore 457056***
- 6.6 Families may be required to provide additional information or attend an interview at MENDAKI.
- 6.7 ETF Secretariat will make half-yearly payments of subsidies directly to the pre-schools. Pre-school principals are to inform ETF Secretariat if the child has withdrawn from the centre within 1 month from the date of withdrawal.

## 7. REVIEW PROCEDURE

- 7.1 Review period is from June to July.
- 7.2 Pre-schools must ensure a Review Form is submitted to ETF Secretariat by the dateline given. The Review Form must include the child's attendance and progress report for extension of the ETF subsidy. An Evaluation Form must also be submitted to the ETF Secretariat at the end of the year.

**DECLARATION**



I, Name : \_\_\_\_\_

NRIC / Passport : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

declare that I am currently not working / working \* as a/an \_\_\_\_\_

\_\_\_\_\_ (occupation) at \_\_\_\_\_

\_\_\_\_\_ (company / agency)

since \_\_\_\_\_ (start date of employment).

My monthly net (take-home) income is \$ \_\_\_\_\_.

I, the undersigned, declare all the above to be true and correct. I understand that providing any false information is an offence under section 182 of the Penal Code (Chapter 224), punishable by a fine of \$1,000 or a term of imprisonment of up to 6 months or both. I further understand that if I furnished any false information, Yayasan MENDAKI will recover from me all monies paid to me under the Education Trust Fund.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date