



ENROLMENT AND KINDERGARTEN FEE ASSISTANCE SCHEME (KiFAS) APPLICATION

This form is used for the purpose of:

- Submitting basic enrolment details (**applicable for all children**)
- Applying for KiFAS and Start-Up Grant (SUG) (**applicable for Singapore Citizen children only**);
or
- Updating change in KiFAS applicant (**for existing enrolled Singapore citizen children**)
- You may be contacted by the HOMES¹ Ops team and/or ECDA subsequently to provide additional supporting documents or information for verification purposes.

Part 1: Child Enrolment Details

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

Child 1										Child 2 (if applicable)										
Enrolment Date	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
Name as in Birth Cert / Passport																				
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner					<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner														
Birth Cert / FIN / Passport No.																				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Male <input type="checkbox"/> Female														
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others					<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others														
The following section is to be completed by the centre/kindergarten																				
Centre Details	Kindergarten Name: _____ Kindergarten Code: _____																			
Programme Level	<input type="checkbox"/> N1 <input type="checkbox"/> K1 <input type="checkbox"/> N2 <input type="checkbox"/> K2					<input type="checkbox"/> N1 <input type="checkbox"/> K1 <input type="checkbox"/> N2 <input type="checkbox"/> K2														
Session	<input type="checkbox"/> Session 1 (AM) <input type="checkbox"/> Session 2 (PM)					<input type="checkbox"/> Session 1 (AM) <input type="checkbox"/> Session 2 (PM)														
Fee charged for Enrolment month	\$ _____ (before discount if applicable) ²					\$ _____ (before discount if applicable) ²														
Monthly Programme Fee	\$ _____ (before discount if applicable) ²					\$ _____ (before discount if applicable) ²														

¹ HOMES, the Household Means Eligibility System, is a Government System supporting public schemes in their conduct of means-tests to determine the level of assistance for citizens. For more information, please go to: <https://www.homes.gov.sg/eservice>

² Up to 31 Dec 2024, centres are to fill in the monthly programme fee after discount. With effect from 1 Jan 2025, centres are to fill in the full monthly programme fee (i.e., before discount if applicable).

Part 2: Applicant and Spouse Details

Please complete **Part 2** to provide the information on the Applicant and Spouse.

Applicant		Spouse																					
Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> MSF Foster Parent <input type="checkbox"/> Head, Children Home <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Any Other Caregiver ³	*Please specify your family relationship to the child: _____ _____	Spouse's details are not required for applications by MSF Foster Parent, Head, Children Home, or if applicant is single/divorced/separated/widowed. Please submit supporting documents if applicant is not the parent of child, or if applicant is single/divorced/widowed.																				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed																					
Name (as in NRIC / FIN / Passport)																							
NRIC/ FIN ⁴ / Passport No. [Note: Please circle which ID type]																							
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	
D	D	/	M	M	/	Y	Y	Y	Y														
D	D	/	M	M	/	Y	Y	Y	Y														
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): DD / MM / YYYY <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): DD / MM / YYYY <input type="checkbox"/> Foreigner																					
Residential Address	Street and Building Name: _____ Block No.: _____ Floor No.: _____ Unit No.: _____ Postal Code: _____																						
Contact Details	Mobile No.: _____ Email: _____	Mobile No.: _____ Email: _____																					

³ Applicants who are Caregivers must also complete the Self-Declaration Form.

⁴ If you are a Foreigner holding a Foreigner Identification Number (FIN) card, please provide your FIN number (not passport number).

Part 3: Application for KiFAS (for Singapore Citizen child only)⁵

Part 3A: Employment and Income Details of Applicant and Spouse

Please complete **Part 3A** to provide the employment and income details of both the Applicant and Spouse.

- You may refer to the Explanatory Notes for more information on the computation of household income, and of gross monthly incomes of employees and self-employees.

Applicant	Spouse
<p>Please tick to select employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p>[Go to Part 3B if applicable]</p> <p><input type="checkbox"/> Not Working</p>	<p>Please tick to select employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Not Working</p>

⁵ Not applicable to MSF Foster Parent and Head of Children Home.

Part 3B: Employment and Income Details of Family Members

Do you have a household with 5 or more family members?

- No – Please skip this section
- Yes – Please fill in the details of your family members below.

Complete Part 3B and provide the details of all family members residing in the same residence, as reflected on the National Registration Identity Card (NRIC) address, so that Per Capita Income (PCI) of your household can be computed. Please exclude the Applicant, Spouse and enrolled Child from this section.

- Family members must be of the following to be included in the application
 - Related by blood, marriage and/or legal adoption;
 - Have the same address stated in their NRIC / FIN card / Singapore Birth Certificate as the Applicant. The Applicant should not include a Foreigner family member who only hold a Passport in the PCI application.
- You may refer to the Explanatory Notes for more information on PCI computation.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Part 4: Application for Start-Up Grant (SUG) (for Singapore Citizen child only)⁷

- **Start-Up Grant (SUG)** is a yearly grant provided to cover the initial costs of enrolling a child in a kindergarten, such as registration fee, deposit, school uniform, insurance, education material fee and supplementary fee. It will be capped at \$240 (inclusive of GST if the kindergarten is GST-registered).

Eligibility:

- For families with gross household income (HHI) \$1900 and below, or gross Per Capita Income \$650 and below.
- The Applicant (mother or single father) is working or has valid reasons if not*.

*Waived for children who are under **HDB's Public Rental Scheme (PRS)** or receiving **MSF's ComCare Short-to-Medium-Term Assistance (SMTA)** or **Long-Term Assistance (LTA)**.

Child 1	Child 2
Please select the checkbox if applying for SUG. <input type="checkbox"/> Start-Up Grant (SUG) – [Note: Not applicable if the child has benefitted from SUG this calendar year.]	Please select the checkbox if applying for SUG. <input type="checkbox"/> Start-Up Grant (SUG) – [Note: Not applicable if the child has benefitted from SUG this calendar year.]
<u>To be completed by the kindergarten⁸:</u>	<u>To be completed by the kindergarten:</u>
<ul style="list-style-type: none"> • Registration fee (one-off upon enrolment) \$ _____ • Deposit (equivalent to one month's fee to be retained by MSF upon SUG approval) \$ _____ • School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) \$ _____ • Insurance (one-off upon enrolment) \$ _____ • Education material fee \$ _____ • Supplementary fee \$ _____ 	<ul style="list-style-type: none"> • Registration fee (one-off upon enrolment) \$ _____ • Deposit (equivalent to one month's fee to be retained by MSF upon SUG approval) \$ _____ • School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) \$ _____ • Insurance (one-off upon enrolment) \$ _____ • Education material fee \$ _____ • Supplementary fee \$ _____
Total Amount = \$ _____	Total Amount = \$ _____

⁷ Not applicable to MSF Foster Parents.

⁸ All items are for use in the current school year upon enrolment in the kindergarten only.

Part 5: Consent and Declaration by Applicant / Spouse / Family Members

Part 5a: Terms of Consent

1. I understand and agree that these phrases used in the consent form have the following definitions:
 - 1.1. **"Personal Information"** includes my:
 - (i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure and family/household composition);
 - (ii) financial data (e.g. income, insurance coverage);
 - (iii) consumption data (e.g. housing, healthcare bills, scheme subscriptions);
 - (iv) social assistance data (e.g. social assistance history, assessments for eligibility and suitability for social services and public assistance schemes, social worker case reports);
 - (v) medical information (e.g. medical reports); and
 - (vi) other information (e.g. savings, payment for utilities) provided by me for the evaluation and administration of social services and public assistance schemes.

It includes information collected and kept by various Government ministries, departments and statutory boards, including the following information collected and kept by the Inland Revenue Authority of Singapore (IRAS) and Central Provident Fund (CPF) Board:

 - (i) my income information;
 - (ii) information relating to and derived from my CPF Account(s) and CPF contributions (e.g. CPF Account(s) balance, CPF withdrawal details); and
 - (iii) information relating to my participation in schemes administered by CPF Board (e.g. medical information, insurance coverage)

Information collected from surveys conducted by IRAS and CPF Board is excluded.

Personal Information may relate to past, present or future matters.
 - 1.2. **"Family"** refers to anyone related to me by blood, marriage (including step-children and in-laws) or legal adoption, whether or not they live together with me.
 - 1.3. **"Schemes"** refer to all Participating Schemes.
 - 1.4. **"Participating Schemes"** refer to social services and public assistance schemes provided by the Government and/or Participating Agencies, including:
 - (i) healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
 - (ii) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
 - (iii) schemes administered by CPF Board.
 - 1.5. **"Participating Agencies"** refers to statutory boards and organisations approved by the Government to provide the Participating Schemes, including any new statutory boards or organisations which may be included from time to time, and their authorised agent(s) if any.
2. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore. For the list of Participating Agencies and Schemes, and FAQs, please go to: <https://go.gov.sg/homes-schemes>
3. I/We understand that the Government of Singapore and Participating Agencies require my Personal Information for the following purposes:
 - 3.1 To determine and/or reassess if I, the Applicant, and/or any of my Family members, qualify for the Scheme(s) set out in the Scope of Consent, or KidSTART;
 - 3.2 To determine and/or reassess if I, the Applicant, and/or any of my Family members, meet all other eligibility criteria for the Scheme(s) set out in the Scope of Consent or for any other assistance scheme which may benefit me, the Applicant and/or our Family Members such as KidSTART;
 - 3.3 To provide me, the Applicant, and/or any of my Family members, with the Scheme(s) set out in the Scope of Consent; and/or
 - 3.4 To refer me, the Applicant, and/or any of my Family members, for any other assistance which may benefit me, the Applicant and/or any of my Family members such as KidSTART.
4. I/We hereby consent and agree that the Government and Participating Agencies may collect, share and use my/our Personal Information, to the extent permitted by law, for any of the purposes in paragraph 3.
5. I/We understand that the Government and Participating Agencies may, without further reference to me, the Applicant, and/or any of my Family members, collect, share and use my/our Personal Information to determine if I and/or any of my Family members qualify for any or all of the Schemes set out in the Scope of Consent, and where I and/or my Family member so qualify, to provide such Schemes to me and/or my Family member.
6. I/We understand that my/our Personal Information and the Personal Information of my/our Family members included in this application, collected for any purpose stated in paragraphs 3-4 may also be used by the Government and/or Participating Agencies for analysis and evaluation to improve and/or make changes to the Schemes, and/or to create new social services or public assistance schemes.
7. I/We understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Government ministry(ies), department(s) or agency(ies), so that they may take the necessary steps to rectify any inaccurate records relating to me/us.
8. I/We further consent for the Ministry of Social and Family Development ("MSF") and the Early Childhood Development Agency ("ECDA") to share my Personal Information, the Applicant, and the Personal Information of any of my Family Member(s) included in this application with any agency for one or more of the following purpose(s):-
 - 8.1 The provision of any Pre-School Subsidies and Financial Assistance;
 - 8.2 Referral for the provision of other financial assistance or social assistance, such as KidSTART; and/or
 - 8.3 Programme evaluation, outreach, service delivery, analysis and/or research that benefits the community in Singapore.
9. Where applicable, I/we consent and allow the early childhood development centre (the "ECDC") indicated in this application to apply for any of the Pre-school Subsidies and/or Programmes on my/our behalf.

10. My/Our consent shall remain valid until I/we withdraw in writing. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg. I/we accept that it could take up to 10 working days from the date receipt by the Government before any withdrawal of consent takes effect.
11. In the event that the consent obtained pursuant to my/our submission of this form is subsequently found to be false, defective or otherwise invalidated through no fault of the Government or Participating Agencies, I/we agree that the Government or Participating Agencies, as the case may be, shall not be liable for any collection, use, sharing or disclosure of my Personal Information that was necessary for any of the purposes in paragraphs 3, 5,6 before such falsity, defect and/or invalidation of consent was known to the Government or Participating Agencies.
12. I/We understand that my/our Personal Information may be used or retained by the Participating Agencies for compliance with requirement(s) in any statute, subsidiary legislation, Code of Practice and/or for audit purposes even if my/our consent has expired or has been withdrawn in paragraph 6.
13. I/We understand that if I/we had opted to provide my/our signatures via electronic methods, the said electronic signatures would be legally valid and binding.
14. If I submit this form by email, I confirm that I am aware of the risks of transmitting my Personal Information to the Government and/or Participating Agencies via email. I agree that I will not hold the Government and/or Participating Agencies responsible or liable for any loss of my Personal Information arising from any unauthorised access of my email or my email account.
15. I/We have read and understood this consent form fully, including the attached Terms of Consent and agree to its content. I/We understand that the onus is on me/us to ensure that all information provided is true and accurate. I/We hereby declare that the information provided in this application by me/us is accurate, 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 misleading or do not believe to be true.
16. In the event of any false or inaccurate information being submitted to the Government, 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 and/or financial assistance provided to me/us by the Government.
17. I/We fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine the amount of subsidy and/or assistance to be granted to me/us. I/ we are aware that if there are any payments made in mistake or error, I/we may be required to return any such payment to the Government.

Part 5b: Scope of Consent and Acknowledgement (Compulsory)

For Main Applicant/ Family Member(s) who is/are unable to provide consent, please complete Part 5c: Unable to Provide Consent or Consent On Behalf.

Main Applicant

Scope of Consent:	
Indicate which Participating Schemes can have access to your Personal Information, to assess and provide any scheme or assistance that may benefit you.	
Please select the scheme(s) you wish to consent to (choose ONE option only):	
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.	
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.	
Acknowledgement:	
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.	
Name:	Details of Signatory (to be filled only if consent is provided on behalf of the Applicant)^:
Signature/Thumbprint:	Signatory's Name:
	Identification Number:
	Email:
Date:	Mobile No.:
DD / MM / YYYY	
^Tick one of the following, where applicable:	
<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Applicant who is under 21 years of age.	
<input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Applicant who is mentally incapacitated ¹⁰ .	

Main Applicant's Spouse

Scope of Consent:	
Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.	
Please select the scheme(s) you wish to consent to (choose ONE option only):	
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.	
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.	
Acknowledgement:	
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.	
Name:	Details of Signatory (to be filled only if consent is provided on behalf of the Spouse)^:
Signature/Thumbprint:	Signatory's Name:
	Identification Number:
	Email:
Date:	Mobile No.:
DD / MM / YYYY	
^Tick one of the following, where applicable:	
<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Spouse who is under 21 years of age.	
<input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Spouse who is mentally incapacitated ¹⁰ .	

⁹ InfoComm Media Development Authority (IMDA), Ministry of Education (MOE), Ministry of Finance (MOF), Ministry of Health (MOH), Ministry of Manpower (MOM).

¹⁰ Please check whether the donee/ deputy may act singly or has to act jointly with other donee(s)/ deputy(s). If the donees/ deputies are required to act jointly, all donees/ deputies must provide consent on behalf. Please provide a copy of the Lasting Power of Attorney/ Order of Court.

If there are more than 5 family members, request for more copies of this page.

Family Member

Scope of Consent:			
Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.			
Please select the scheme(s) you wish to consent to (choose ONE option only):			
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ¹⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.			
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.			
Acknowledgement:			
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.			
Name:	Details of signatory (to be filled only if consent is provided on behalf of the Family Member)^:		
Signature/Thumbprint:		Signatory's Name:	
		Identification Number:	
		Email:	
Date:	DD / MM / YYYY	Mobile No.:	
^Tick one of the following, where applicable:			
<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age.			
<input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated ¹⁰ .			

Family Member

Scope of Consent:			
Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.			
Please select the scheme(s) you wish to consent to (choose ONE option only):			
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ¹⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.			
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.			
Acknowledgement:			
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.			
Name:	Details of signatory (to be filled only if consent is provided on behalf of the Family Member)^:		
Signature/Thumbprint:		Signatory's Name:	
		Identification Number:	
		Email:	
Date:	DD / MM / YYYY	Mobile No.:	
^Tick one of the following, where applicable:			
<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age.			
<input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated ¹⁰ .			

Scope of Consent:			
Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.			
Please select the scheme(s) you wish to consent to (choose ONE option only):			
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ¹⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.			
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.			
Acknowledgement:			
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.			
Name:		Details of signatory (to be filled only if consent is provided on behalf of the Family Member)^:	
Signature/Thumbprint:		Signatory's Name:	
		Identification Number:	
		Email:	
Date:	DD / MM / YYYY	Mobile No.:	
^Tick one of the following, where applicable:			
<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age.			
<input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated ¹⁰ .			

Family Member

Scope of Consent:			
Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.			
Please select the scheme(s) you wish to consent to (choose ONE option only):			
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ¹⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.			
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.			
Acknowledgement:			
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.			
Name:		Details of signatory (to be filled only if consent is provided on behalf of the Family Member)^:	
Signature/Thumbprint:		Signatory's Name:	
		Identification Number:	
		Email:	
Date:	DD / MM / YYYY	Mobile No.:	
^Tick one of the following, where applicable:			
<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age.			
<input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated ¹⁰ .			

Part 5c: Unable to Provide Consent or Consent on Behalf

- If there are more than one family member who are unable to provide consent, request for more copies of this section.
- You may be contacted by HOMES or ECDA subsequently to provide additional supporting documents or information for verification purposes.

The following Main Applicant/ Family Member is unable to provide consent:

Name (as in NRIC): _____

Reason for Inability to Provide Consent or Consent On Behalf (tick one of the following):

- Mentally incapacitated but a donee has not been appointed under a Lasting Power of Attorney or deputy has not been appointed by the Court under the Mental Capacity Act (Cap. 177A)¹¹ (please fill in doctor's certification below*)
- No parent/ legal guardian who can give consent on behalf for the Main Applicant/ Family Member who is under 21 years of age
- Incarcerated
- Overseas
- Others (please specify): _____

***Doctor's Certification for Inability to Give Consent due to Mental Incapacity¹²**

I certify that the above-named Main Applicant/ Family Member is:

- Temporarily** mentally incapacitated and is unable to provide consent for this declaration
- Permanently** mentally incapacitated and is unable to provide consent for this declaration

Name of doctor:		Signature of doctor	Official stamp of clinic/ hospital:
Date	MCR No.	Contact No.	

¹¹ This does not apply to the Main Applicant/ Spouse/ Family Member who is mentally incapacitated but **has** an appointed donee/deputy. The donee/deputy can give consent on behalf of the Main Applicant/ Spouse/ Family Member.

¹² Date of doctor's certification must be within 6 months from date of submitting this form unless the Main Applicant/ Spouse/ Family Member is permanently mentally incapacitated. If the doctor is not present to certify and sign this form, a separate doctor's memo indicating that the Main Applicant/ Spouse/ Family Member is unable to provide consent due to the relevant medical reason may be attached.

Part 6: 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 relating to the applicant, child and/or any family members 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 verified¹³ 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.
4. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Centre / Kindergarten	Centre Code	Contact No.
Name / Designation of Personnel	Signature	DD / MM / YYYY Date

¹³ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.