



MINISTRY OF COMMUNITY DEVELOPMENT, YOUTH AND SPORTS

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE

This form will take you 10 minutes to complete.

You will need the following information:

- Child's Birth Certificate/ Passport No.
- Mother's/ Single Father's/ Guardian NRIC/ Passport No. and employment details

SECTION I CENTRE DETAILS

Centre Name : _____

Centre Address : _____ Postal Code : _____

SECTION I(A) ENROLMENT DETAILS (TO BE FILLED IN BY CENTRES)

Admission Date : / /
(dd/mm/yyyy)

Date of Birth : / /
(dd/mm/yyyy)

Type of **Infant** Care Programme: ☐ Full Day ☐ Half-Day (AM) ☐ Half-Day (PM)
☐ Flexi Care 1 - 12 hours to 24 hours per week
☐ Flexi Care 2 - Above 24 hours to 36 hours per week
☐ Flexi Care 3 - Above 36 hours to 48 hours per week
☐ Flexi Care 4 - Above 48 hours per week
☐ Emergency Care

Type of **Child** Care Programme: ☐ Full Day ☐ Half-Day (AM) ☐ Half-Day (PM)
☐ Flexi Care 1 - 12 hours to 24 hours per week
☐ Flexi Care 2 - Above 24 hours to 36 hours per week
☐ Flexi Care 3 - Above 36 hours to 48 hours per week
☐ Flexi Care 4 - Above 48 hours per week
☐ Child Before School
☐ Child After School
☐ Emergency Care

Trial Period: ☐ 2 weeks ☐ 3 weeks

(Note: Centres are required to provide a trial period of at least 2 weeks for new enrolments.)

SECTION I(B) CHILD PARTICULARS

Name as in Birth Certificate / Passport : _____

Birth Certificate No. / Passport No. / UIN / FIN No. : _____

Nationality : ☐ Singapore Citizen ☐ Permanent Resident ☐ Others (please specify)

Gender : ☐ Male ☐ Female

Race : ☐ Chinese ☐ Eurasian ☐ Indian ☐ Malay ☐ Others (please specify) _____

Total No. of Children in Family : _____ Birth Order : _____

Is Child currently enrolled in another centre? : ☐ Yes ☐ No

*If yes, please state the Programme Type enrolled:

☐ Half Day (AM) ☐ Half Day (PM) ☐ Flexi 1/2/3/4 ☐ Others (please specify) _____

Instruction for centres

*This information is for centres to advise parents on subsidy rates. Not to be keyed into CCLS.

Is Child attending Primary School? : ☐ Yes ☐ No

Is Child in a Children's Home? : ☐ Yes ☐ No

Organisation Name (If Child is being enrolled by an Organisation) : _____

SECTION II(A) APPLICANT PARTICULARS (i.e. Mother / Single Father / Guardian)

Name as in NRIC / Passport : _____

NRIC No. / Passport No. / UIN / FIN No. : _____

Date of Birth : / / (dd/mm/yyyy)

Nationality : ☐ Singapore Citizen ☐ Singapore Permanent Resident ☐ Others (please specify) _____

Race : ☐ Chinese ☐ Eurasian ☐ Indian ☐ Malay ☐ Others (please specify) _____

Relationship to Child : ☐ Mother ☐ Father ☐ Guardian ☐ Grandmother ☐ Grandfather

☐ MCYS Foster Mother ☐ Head, Children Home ☐ Others(please specify) _____

Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Residential Address

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

Postal Code : _____

Housing Type: ☐ HDB 1-room ☐ HDB 2-room ☐ HDB 3-room ☐ HDB 4-room

☐ HDB 5-room & Larger Flats ☐ Condominium, Private Flats & Landed

Handphone No. : _____ Home Tel No.: _____

Email Address : _____

Highest Educational Qualification : ☐ No Formal Qualification ☐ Primary Education ☐ Secondary (General)
☐ Secondary (Vocational) ☐ Junior College/Pre-U ☐ Polytechnic Diploma
☐ University Degree ☐ Post Graduate ☐ Others

Working Status : ☐ Working (56 hours or more per month) ☐ Working (Less than 56 hours per month)
☐ Not Working

Household Income: ☐ \$1,000 and below ☐ \$1,001 - \$1,500 ☐ \$1,501 - \$1,800 ☐ \$1,801 - \$4,000
☐ \$4,001 - \$6,000 ☐ \$6,001 - \$8,000 ☐ \$8,001-\$10,000 ☐ > \$10,000

IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:

Company Name: _____

Commencement Date: _____

Company Address

☐ Local ☐ Overseas

Block No. : _____ Floor No. : _____ Unit No. : _____

Building Name : _____

Street Name : _____

_____ Postal Code : _____

Office Tel. No. : _____ Fax No. : _____

Occupation :

☐ Clerical Workers ☐ CEO or Director ☐ Executives & Managers
☐ Production Craftsmen & Related Workers ☐ Professionals (Doctors, Lawyers, Accountants, Engineers etc.)
☐ Self- Employed ☐ Service & Sales Workers ☐ Technicians & Associate Professionals
☐ Others, please specify: _____

Total No. of Working Hours per **Month**: _____

SECTION II (B) SPOUSE PARTICULARS (Mandatory if the Main Applicant is Married)

Name as in NRIC / Passport : _____

NRIC No. / Passport No. / UIN / FIN No. : _____

Date of Birth : / / (dd/mm/yyyy)Nationality : ☐ Singapore Citizen ☐ Singapore Permanent Resident ☐ Others (please specify) _____Race : ☐ Chinese ☐ Eurasian ☐ Indian ☐ Malay ☐ Others (please specify) _____

Home Tel No. : _____

Handphone No. : _____ Office Tel No. : _____

Email Address : _____

Highest Educational Qualification : ☐ No Formal Qualification ☐ Primary Education ☐ Secondary (General)☐ Secondary (Vocational) ☐ Junior College/Pre-U ☐ Polytechnic Diploma☐ University Degree ☐ Post Graduate ☐ OthersWorking Status : ☐ Working ☐ Not Working**If working, please select Occupation**☐ Clerical Workers ☐ CEO or Director ☐ Executives & Managers☐ Production Craftsmen & Related Workers ☐ Professionals (Doctors, Lawyers, Accountants, Engineers etc.)☐ Self- Employed ☐ Service & Sales Workers ☐ Technicians & Associate Professionals☐ Others, please specify: _____**SECTION III(A) APPLICATION FOR INFANT / CHILD CARE SUBSIDY**Applying for Subsidy: ☐ Yes ☐ NoSubsidy with effect month : / (mm/yyyy)**SECTION III(B) APPLICATION FOR SPECIAL APPROVAL**Applying for Special Approval: ☐ Yes ☐ No (If ☒ Yes, Please fill in Form 2)

SECTION IV TO BE SIGNED BY THE APPLICANT

I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

I hereby consent to the Ministry of Community Development, Youth and Sports releasing my particulars and those of my child/children presently in a child care centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.

Signature of Applicant

Date

SECTION V DECLARATION BY CHILD CARE CENTRE

☐ Full Month Programme Fee

Fee Paid for the Current Month :

☐ Pro-rate 2 weeks

☐ Pro-rate 3 weeks

☐ No Fee / Free Trial / Pro-rate less than 2 weeks (not entitled to subsidy)

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 / Designation of CCC Personnel

Signature

Contact No.

/ /
Date (dd/mm/yyyy)



ACKNOWLEDGEMENT OF ACCEPTANCE OF RULES AND REGULATIONS

- I hereby undertake to be bound by the Bloom Educare Pte Ltd's Rules and Regulations as stated in the Rules and Regulations letter, which we acknowledge receipt hereof.
- I understand that except in respect of death or personal injury caused by Bloom Educare's negligence, Bloom Educare will not be liable for any direct or consequential loss or damage. Any medical treatment provided by Bloom Educare at its expense shall be discretionary and on compassionate basis only. Such medical treatment rendered shall NOT be taken as an admission of liability for any injury sustained.
- To terminate service, one month's written notice must be given not later than the 1st of the month.

Name & Signature of Parent / Date : _____

Bloom Educare Pte Ltd reserves the right to revise the rules and regulations from time to time.

EMERGENCY CONTACT

In case of an emergency, contact:

Name _____

Telephone Number _____

RELEASE OF CHILD

The following individuals are the only persons authorized to pick up my child from the Centre:

1. Name _____

NRIC No. _____

Relationship to Child _____

Telephone Number _____

2. Name _____

NRIC No. _____

Relationship to Child _____

Telephone Number _____

MEDICAL INFORMATION

(A) ALLERGY TO: (Please tick and specify accordingly) Drugs : () _____ Food : () _____ Others: () _____	(B) IS YOUR CHILD (Please tick accordingly) Right-handed? () Left-handed? () Flat-foot? ()
(C) PHYSICAL DISABILITIES (Please write "Yes" or "No") Speech () Sight () Hearing () Movement () Others (Please specify) _____	
(D) PAST HISTORY OF INFECTIOUS DISEASE (if applicable) Date: _____ <ul style="list-style-type: none">• Chicken Pox _____• Mumps _____• Measles _____• German Measles (Rubella) _____	(E) PAST MEDICAL HISTORY (Please write "Yes" or "No") <ul style="list-style-type: none">• Hare Lip & Clef palate ()• Asthmatic Bronchitis ()• Epileptic Fits ()• Skin Boils ()• Congenital Heart Disease ()• Febrile Fits: related to Fever ()

MEDICAL AUTHORIZATION

- I understand that in the event of an illness or accident to my child, Bloom Educare Pte Ltd ("Bloom Educare") will make reasonable attempts to contact me. When I am notified, I am required to pick up my sick child immediately.
- I also understand that if my child shows any sign of being ill or unwell, my child will be isolated from the other children and will be given staff supervision until any arrangement can be made for his / her removal.
- In the event that I cannot be reached, I hereby grant Bloom Educare full discretion to consult a licensed physician of Bloom Educare's choice to attend to my child. All medical fees and any other expenses will be borne by me.
- I further understand that medication will be administered by Bloom Educare's staff according to the directions given by the licensed physician.
- I hereby agree not to hold Bloom Educare liable in any way whatsoever for the medical treatment provided to my child at the centre.



REGISTRATION

Have you submitted the following documents?

Completed Registration Form	Yes / No
Parents' I/C (photocopies)	Yes / No
Child's Birth Certificate (photocopy)	Yes / No
Child's Immunisation Certificate (photocopy)	Yes / No
Letter from employer (for MCYS subsidy application)	Yes / No / NA

Name of Child	_____
Payment for the month of _____	\$ _____ (school fee)
Registration Fee	\$100 (one-time payment)
Insurance	\$ 5 (annually)
One Month Deposit	\$ 960 (refundable upon one month's notice)
Uniform	\$ 25 X _____
T-Shirt/Shorts	\$ 20 X _____
Mattress	\$ 35
Mattress Cover	\$ 15
Mattress Cover Pouch	\$ 6
Percussion Set	\$ 15
Music Books (for Yamaha lessons)	\$ 30 (annually: K1 / K2)
English Readers (8 copies)	\$ 50 (annually: Nursery / K1 / K2)
Chinese Readers (10 copies)	\$ 50 (annually: Nursery / K1 / K2)

TOTAL \$ _____

Please make all cheques payable to "BLOOM EDUCARE PTE LTD".