KINDERGARTEN FEE ASSISTANCE SCHEME (KiFAS)
UPDATE AND SPECIAL APPROVAL APPLICATION

This form is used for the purpose of:

- Updating child and/or applicant/spouse details; or
- Applying for / renewing Special Approval and/or Start-Up Grant (SUG) (**applicable for Singapore Citizen children only**)

Part 1: Child Details

	Child 1	Please fill in this column if you are updating for more than one child
Name as in Birth Certificate / Passport		
Birth Certificate / FIN / Passport No.		

Part 2: Purpose of Application

Please tick to indicate the purpose of application and proceed to the relevant Section(s):

Section A: Update of Child Details	
☐ Programme Type	➔ Section A (1)
☐ Programme Fee	➔ Section A (2)
Note: For update of child's Singapore Citizenship status, please submit KF1 (Enrolment and KiFAS Application) to apply for KiFAS directly.	
Section B: Update of Applicant / Spouse Details	
☐ Marital Status	➔ Section B (1)
☐ Nationality	➔ Section B (2)
☐ Working Status and/or Income	➔ Section B (3)
Section C: Special Approval Application	
☐ Special Approval for (A) Non-Parent Caregiver Applicant and (B) Households under HDB's Public Rental Scheme or MSF's ComCare Assistance	➔ Section C
Section D: Update of Per Capita Income (PCI)	
☐ Per Capita Income (PCI) Application	➔ Section D
Section E: Start-Up Grant (SUG) Application	
☐ Start-Up Grant (SUG)	➔ Section E

Section A: Update of Child's Details

- **You are only required to complete the relevant section(s).**
- **Please submit the relevant supporting documents.**

(1) Change in Programme Type

	Child 1	Child 2
New Programme Level	☐ Nursery 1 ☐ Kindergarten 1 ☐ Nursery 2 ☐ Kindergarten 2	☐ Nursery 1 ☐ Kindergarten 1 ☐ Nursery 2 ☐ Kindergarten 2
New Session	☐ Session 1 ☐ Session 2	☐ Session 1 ☐ Session 2
Fee Paid for New Programme	**$**_____ (less discount if applicable)	**$**_____ (less discount if applicable)
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

(2) Change in Programme Fee

	Child 1	Child 2
New Programme Fee	**$**_____ (after discount if applicable)	**$**_____ (after discount if applicable)
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

Section B: Update of Applicant's and/or Spouse's Details

- **You are only required to complete the relevant section(s).**
- **You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you do not need to fill in details of Spouse.**
- **Please submit the relevant supporting documents.**

Applicant and Spouse Details

	Applicant	Spouse
Name as in NRIC / FIN / Passport		
NRIC / FIN / Passport No.:		

(1) Change in Marital Status

	Applicant	Spouse
New Marital Status	☐ Married ☐ Single (no marriage record) ☐ Divorced ☐ Separated ☐ Widowed	☐ Married ☐ Single (no marriage record) ☐ Divorced ☐ Separated ☐ Widowed
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

(2) Change in Nationality

	Applicant	Spouse
Change in nationality to:	☐ Singapore Citizen ☐ Permanent Resident ☐ Foreigner	☐ Singapore Citizen ☐ Permanent Resident ☐ Foreigner
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

(3) Change in Working Status and/or Income

You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you do not need to fill in details of Spouse.

- For salaried employees, ECDA will retrieve your income data from the Central Provident Fund (CPF) Board and the Inland Revenue Authority of Singapore (IRAS). Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year[1] (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.)

Applicant	Spouse
Please tick to select the new employment status and complete the details (if applicable): ☐ **Working** ☐ **Salaried employee** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? ☐ Yes □ No ☐ **Self-employed** • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? • Yes □ No • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Not Working**	**Please tick to select the new employment status and complete the details (if applicable):** ☐ **Working** ☐ **Salaried employee** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? ☐ Yes □ No ☐ **Self-employed** • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? ☐ Yes □ No • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Not Working**
Effective Start Date	**Effective Start Date**
D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

[1] Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

Section C: Special Approval (For Singapore Citizen child only)

- **Please complete this section if you wish to submit a new application for Special Approval or seek extension of existing approved subsidy under Special Approval.**
- **Extension will be granted on a case-by-case basis and subject to ECDA's approval. There will be no extension for certain cases.**

(A) Non-Parent Caregiver

- ECDA will consider **KiFAS applications from non-parent caregivers (e.g. guardians/legal guardians and Head of Children Home)** under Special Approval.
- Supporting documents (where applicable) are required.

(B) Households under HDB's Public Rental Scheme or MSF's ComCare Assistance

- ECDA will qualify families under **HDB's Public Rental Scheme (PRS) or receiving ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA)** for maximum subsidies.
- Supporting documents are not required at the point of application.
- Children from low-income households may also wish to apply for the Start-Up Grant (Section E).

(A) Non-Parent Caregivers	**(B) Family is currently under / receiving:**
Please tick to indicate relationship to child: ☐ Legal Guardian ☐ Any Other Caregiver ☐ Head, Children Home	**Please tick to indicate:** ☐ HDB's Public Rental Scheme ☐ ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA)

Section D: Update of Per Capita Income (PCI) Application

If your household has 5 or more family members, with at least 3 dependants who are not earning an income, please also complete Section D to provide the details of your family members so that Per Capita Income (PCI) of your household can be computed.

- All family members in this Per Capita Income (PCI) application must:
  - be related by blood, marriage and/or legal adoption; and
  - have the same address stated in their NRIC as the applicant.
- For salaried employees, ECDA will retrieve your income data from the CPF Board and IRAS. Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year[2] (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.

Do you have a household with 5 or more family members, including at least 3 dependants with no income?
☐ Yes – Please fill in the details of your family members below.
☐ No – Please skip this section.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes ☐ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____ (Average Gross Monthly Income)
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes ☐ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____ (Average Gross Monthly Income)

[2] Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes ☐ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____________ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____________ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____________ (Average Gross Monthly Income)
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes ☐ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____________ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____________ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____________ (Average Gross Monthly Income)
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes ☐ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____________ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____________ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____________ (Average Gross Monthly Income)

Section E: Start-Up Grant (For Singapore Citizen child only)[3]

- For families with gross household income (HHI) $1900 and below, or gross Per Capita Income $650 and below.
- 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).
- Please complete the following ONLY if there is an approved KiFAS prior to this SUG application.

Child 1	Child 2
☐ **Start-Up Grant (SUG)** – Not applicable if the child has benefitted from SUG this year.	☐ **Start-Up Grant (SUG)** – Not applicable if the child has benefitted from SUG this year.
To be completed by the kindergarten[4]:	**To be completed by the kindergarten:**
• Registration fee (one-off upon enrolment) $_____	• Registration fee (one-off upon enrolment) $_____
• Deposit (equivalent to one month's fee to be withheld by MSF upon SUG approval) $_____	• Deposit (equivalent to one month's fee to be withheld by MSF upon SUG approval) $_____
• School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) $_____	• School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) $_____
• Insurance (one-off upon enrolment) $_____	• Insurance (one-off upon enrolment) $_____
• Education material fee $_____	• Education material fee $_____
• Supplementary fee $_____	• Supplementary fee $_____
Total Amount = $ _____	**Total Amount = $** _____

[3] Not applicable to MSF Foster Parents.
[4] All items are for use in the current school year upon enrolment in the kindergarten only.

Part 3: Consent and Declaration by Applicant / Spouse / Family Members

1. I/We understand that Government of Singapore as represented by the Ministry of Social and Family Development ("MSF") and the Early Childhood Development Agency ("ECDA") require my/our personal information and the personal information of my/our family members included in this application for the purpose of assessing and/or re-assessing my/our eligibility for the infant/child care subsidies, Kindergarten Fee Assistance Scheme ("KiFAS"), financial assistance for child care ("CCFA"), Start-Up Grant ("SUG"), KidSTART, and/or other relevant kindergarten, infant or childcare assistance or programmes provided by ECDA or its appointed agencies ("Pre-School Subsidies and/or Programmes") at any point(s) in time during the period of this consent.

2. I/We hereby consent and agree to the following agencies disclosing to MSF and ECDA my/our personal information and the personal information of my/our family members included in this application, where applicable, to the extent permitted by law, strictly for the purpose specified in paragraph 1:

2.1. The Comptroller of Income Tax disclosing my/our annual employment and/or trade income as assessed by the Inland Revenue Authority of Singapore within the last 2 assessment years;

2.2. The Central Provident Fund ("CPF") Board disclosing the CPF contributions submitted by my/our employer(s) for the period of 12 months preceding the date of request for information by MSF and ECDA, and any information that can be derived from those CPF contributions;

2.3. The Immigration and Checkpoints Authority disclosing my/our personal information and the personal information of my/our children and family members included in this application form;

2.4. The Registry of Marriages or the Registry of Muslim Marriages disclosing the information related to my/our marital status;

2.5. The Singapore Prison Service disclosing information related to my/our period(s) of incarceration;

2.6. The Ministry of Manpower disclosing information related to my/our work pass validity;

2.7. The Housing & Development Board disclosing information related to my tenancy; and

2.8 MSF disclosing information related to my Comcare Short-To-Medium-Term Assistance or Long-Term Assistance.

3. I/We understand that MSF and ECDA may, without further reference to me/us, collect, share and use my/our personal information and the personal information of my/our children included in this application, to the extent permitted by each of the agencies stated in paragraph 2, for analysis and evaluation to improve and/or make changes to the assistance or programmes specified in paragraph 1, and/or to create new social services or public assistance schemes.

4. I/We further consent for MSF and ECDA to share my/our information and the personal information of my/our children included in this application with ECDA's appointed agencies for the application of any of the Pre-School Subsidies and/or Programmes, or for outreach and/or service delivery purposes if my/our children is assessed to be eligible for any of the Pre-School Subsidies and/or Programmes.

5. 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.

6. My/Our consent under paragraphs 2 to 4 shall remain valid until:

6.1. One year after my/our child (or where applicable, last child) covered by this consent has withdrawn from the ECDC; or

6.2. I/We withdraw it in writing, whichever is earlier.

7. I/We understand that my/our personal information may still be used for audit purposes for up to one year after my/our consent has expired or been withdrawn in paragraphs 6.1 or 6.2 (as applicable).

8. I/We consent to ECDA releasing my/our particulars included in this application to the Health Promotion Board ("HPB") for the purpose of my/our children being screened under the health programmes of HPB. My/Our consent shall remain valid until my/our child covered by this consent has withdrawn from the ECDC or I/we withdraw it in writing.

9. I/We acknowledge that it could take up to 15 working days from the date of receipt by ECDA of the request, before any withdrawal of consent at paragraphs 6.2 and 8 takes effect. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg or by sending a written request to: 51, Cuppage Road, #08-01 Singapore 229469 (attention to: Subsidy Branch).

10. 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.

11. 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 misleading or do not believe to be true.

12. I/We understand that the onus is on me/ us to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to ECDA or MSF, 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.

13. 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.

14. I/We have read and understood this consent form fully. The terms of this consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Applicant	
_____ **(Signature of applicant)** Name: _____ NRIC / FIN No.: _____ Date of consent: D D **/** M M **/** Y Y Y Y	**<u>Consent from parent / guardian</u>:** **If the applicant is below 21 years old, please provide the consent and particulars of the parent / guardian of the applicant.** _____ (Signature of parent / guardian of applicant) Relationship to applicant: _____ Name: _____ NRIC / FIN No.: _____ Date of consent: D D **/** M M **/** Y Y Y Y
Applicant's Spouse	
_____ **(Signature of spouse)** Name: _____ NRIC / FIN No.: _____ Date of consent: D D **/** M M **/** Y Y Y Y	**<u>Consent from parent / guardian</u>:** **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 parent / guardian of spouse) Relationship to applicant's spouse: _____ Name: _____ NRIC / FIN No.: _____ Date of consent: D D **/** M M **/** Y Y Y Y

Family Members

Complete this section only if you are applying for KiFAS by PCI (please refer to Section D of this application).

If the family member is below 21 years old, parents or legal guardian of the minor may provide consent on behalf.

Name: ____________ NRIC / FIN No.: ____________ Date of consent: D D / M M / Y Y Y Y	____________ **(Signature)**
Name: ____________ NRIC / FIN No.: ____________ Date of consent: D D / M M / Y Y Y Y	____________ **(Signature)**
Name: ____________ NRIC / FIN No.: ____________ Date of consent: D D / M M / Y Y Y Y	____________ **(Signature)**
Name: ____________ NRIC / FIN No.: ____________ Date of consent: D D / M M / Y Y Y Y	____________ **(Signature)**
Name: ____________ NRIC / FIN No.: ____________ Date of consent: D D / M M / Y Y Y Y	____________ **(Signature)**

Part 4: 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 verified[5] 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

[5] Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.