



YMCA SCC @ Oasis
71 Edgefield Plains Singapore 828716
Email: oascc@ymca.edu.sg Tel: 6509 9557

Registration of Interest Form for YMCA Student Care Services (2019 Primary One)

Please complete all sections of the form and email to oascc@ymca.edu.sg by **Fri, 5th October 2018, 5:00pm**. Only duly completed forms will be processed. You will be notified the outcome of the application status on **31st October 2018**. (* Delete as appropriate)

Name of Pupil: _____ Class: _____
Nationality: Singaporean / PR / Others* Identification No (Birth Cert. / Passport No.*): _____
Applying FAS (Financial Assistance Subsidy) from Oasis Primary School : Yes / No *

1. Father / Mother / Guardian's* Particulars

| Information | Father / Guardian* | Mother / Guardian* |
|----------------|-----------------------------------------|-----------------------------------------|
| Name | | |
| Marital Status | Single / Married / Divorce / Separated* | Single / Married / Divorce / Separated* |
| Nationality | Singaporean / PR / Others* | Singaporean / PR / Others* |
| Occupation | | |
| Employer | | |
| Contact No. | | |
| Email Address | | |
| Home Address | | |

2. I wish to apply for a place in YMCA SCC @ Oasis for my child for the following reason(s):

3. My child is currently

a. enrolled in _____
(name of Child Care Centre / Kindergarten*)

b. receiving ComCare Child Care Additional Subsidy Kindergarten Subsidy N.A.

4. If not enrolled in YMCA SCC @ Oasis in 2019, my child will be cared for by

Father Mother Grandparents Domestic Helper
 Others (Please specify: _____)

5. My child has been diagnosed with special needs e.g. allergy, requiring regular medication, etc

Yes (Please elaborate: _____) N.A.

The question below is only applicable if you wish to apply for ComCare Student Care Fee Assistance (Refer to Appendix A overleaf)

6. Please indicate the combined Gross Household Monthly Income (**before CPF deductions**).

Below \$1,500 \$1,500 to \$2,499.99 \$2,500 to \$3,999.99 Above \$4,000

I declare that all information provided by me in this form is correct and true. I accept that any false information furnished in this form will result in my child having to give up the place in the SCC.

Signature of Mother/Father/Guardian*

Date

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ComCare Student Care Fee Assistance Subsidy

Appendix A

Wef 1 January 2016, Families with Gross Monthly Household Income below \$4,000 are eligible to apply.

COMCARE CHILD/STUDENT CARE SUBSIDIES ELIGIBILITY CRITERIA / DOCUMENTS REQUIRED

| ELIGIBILITY CRITERIA | DOCUMENTATION |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Citizenship Child is Singapore citizen. If child is PR, at least 1 member of immediate family is Singapore citizen. | 1. Completed application form 2. Child's birth certificate (BC) NRIC of applicant / spouse / dependents (children and elderly parents of spouse / applicant with no income) 4. Parent(s) pay slip or employment letter |
| 2. Age Criteria Children must be aged 6 and below and attending licensed child care centres, or aged 7 - 14 years old and attending eligible student care centres. | |
| 3. Employment Criteria Both parents must be employed. | |
| 4. Household Income Criteria Family monthly household income is \$4,000 and below. Include regular sources of income such as rental income, overtime, commission, and pension. | |
| 5. Per Capital Income (PCI) Criteria Families with PCI of \$1,000 and below. To calculate PCI: $\frac{\text{Total Gross Income of Applicant + Spouse}}{\text{Total No. of Family Members within the same Household}}$ Definition of "Family Members" includes: - Applicant and spouse - Their children (with no income) - Applicant / spouse's elderly parents (with no income) | |

| Gross Monthly Household Income (HHI) (Family members = 4 or fewer) | Gross Per Capita Income (PCI) (Family members = 5 or more) | Monthly Subsidy (estimated) | | Monthly fees Payable (estimated) |
|-----------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|--------|----------------------------------|
| | | % | Amount | |
| Less than or equal \$1,500 | Less than or equal \$375 | 98% | \$274 | \$6 |
| \$1,501 - \$2,000 | \$376 - \$500 | 95% | \$266 | \$14 |
| \$2,001 - \$2,200 | \$501 - \$550 | 90% | \$252 | \$28 |
| \$2,201 - \$2,400 | \$551 - \$600 | 80% | \$224 | \$56 |
| \$2,401 - \$2,600 | \$601 - \$650 | 70% | \$196 | \$84 |
| \$2,601 - \$2,800 | \$651 - \$700 | 60% | \$168 | \$112 |
| \$2,801 - \$3,000 | \$701 - \$750 | 50% | \$140 | \$140 |
| \$3,001 - \$3,200 | \$751 - \$800 | 40% | \$112 | \$168 |
| \$3,201 - \$3,400 | \$801 - \$850 | 30% | \$84 | \$196 |
| \$3,401 - \$3,500 | \$851 - \$875 | 20% | \$56 | \$224 |
| \$3,501 - \$4,000 | \$876 - \$1,000 | 10% | \$28 | \$252 |
| More than \$4000 | More than \$1,000 | 0% | \$0 | \$280 |

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