



YMCA SCC @ St Anthony's  
 30 Bukit Batok Street 32, Singapore 659401  
 Email: [sascc@ymca.edu.sg](mailto:sascc@ymca.edu.sg) Tel: 6694 3289

### **Registration of Interest Form for YMCA Student Care Services (2018)**

Complete all sections and email to [sascc@ymca.edu.sg](mailto:sascc@ymca.edu.sg) or submit in person to YMCA SCC@ St Anthony's by **5pm, Friday, October 20, 2017**. Only duly completed forms will be processed. You will be notified of the outcome of your application status by **November 3, 2017 (Friday)**.

(\* Delete as appropriate)

Name of Pupil: \_\_\_\_\_ Class: \_\_\_\_\_

Nationality: Singaporean / PR / Others\* Identification No (Birth Cert. / Passport No.): \_\_\_\_\_

Sibling Name(s): \_\_\_\_\_ Age / Class\*: \_\_\_\_\_  N.A.

MOE Financial Assistance Scheme (FAS): Will apply / Will not apply \*

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 @ St Anthony's 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 @ St Anthony's in 2018, 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.

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Signature of Mother/Father/Guardian\*

Date

### ComCare Student Care Fee Assistance Subsidy

### Appendix A

With effect from January 1, 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
<p><b>1. Citizenship</b> Child is Singapore citizen. If child is PR, at least 1 member of immediate family is Singapore citizen.</p>	<p>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) 3. Parent(s) pay slip or employment letter</p>
<p><b>2. Age Criteria</b> 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.</p>	
<p><b>3. Employment Criteria</b> Both parents must be employed.</p>	
<p><b>4. Household Income Criteria</b> Family monthly household income is \$4,000 and below. Include regular sources of income such as rental income, overtime, commission, and pension.</p>	
<p><b>5. Per Capital Income (PCI) Criteria</b> Families with PCI of \$1,000 and below.</p> <p>To calculate PCI:</p> $\frac{\text{Total Gross Income of Applicant + Spouse}}{\text{Total No. of Family Members within the same Household}}$ <p>Definition of "Family Members" includes:</p> <ul style="list-style-type: none"> <li>- Applicant and spouse</li> <li>- Their children (with no income)</li> <li>- Applicant / spouse's elderly parents (with no income)</li> </ul>	

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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