

SCHOOLCARE REQUEST FORM



Pro-Teach Schoolcare (Horizon)
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 61 Edgedale Plains Level 1 Singapore 828819
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Please complete the Request Form to help us understand your need for care options for your child/ward outside of school hours. Together with the school, Pro-Teach will evaluate your child's need for after school care services **before issuing an official Registration Form**. Upon receiving your request, we will inform you of the outcome within 5 working days via email or phone. Thank you.

Student's Particulars

Name _____	Nationality	<input type="checkbox"/> S'porean	<input type="checkbox"/> PR	<input type="checkbox"/> Others _____
Date of Birth _____ (DD / MM / YY)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____
Class (if applicable) _____	Subsidy Scheme	<input type="checkbox"/> MOE FAS <u>or</u> gross household income* \$2,500/- & below <input type="checkbox"/> CDC SCFA <u>or</u> gross household income* \$4,000/- & below <small>* gross income refers to income before CPF deduction</small>		
Home Address _____				

Parent's Particulars

(Most correspondence will be done through email. Please clearly indicate your email address.) *delete accordingly

	Father / Guardian	Mother / Guardian
Name	_____	_____
Nationality	S'porean / PR / Others	S'porean / PR / Others
Marital Status	Single / Married / Separated / Divorced / Widowed	Single / Married / Separated / Divorced / Widowed
Employment Status	Employed / Not Employed	Employed / Not Employed
Type of Employment	Full-Time / Part-Time (min. 56 hours per month)	Full-Time / Part-Time (min. 56 hours per month)
Contact no. (R)	(Hp) _____	(R) (Hp) _____
(O)	_____	(O) _____
Email Address (please write clearly)	_____	_____

Needs Assessment

(Incomplete forms will not be considered.)

- a) How many family members (including the student) are living at the above Home Address? _____
- b) Do you have a domestic helper living at the above Home Address? Yes No
- c) Please provide the employment status of the following family members who are living with the student at the above Home Address.

(tick accordingly)	Employed	Unemployed	Serving NS	Looking for a job	Different Address
Grandfather					
Grandmother					
Others: _____					
Others: _____					

Note: Parents are expected to submit supporting documents to prove current employment eg. latest payslips, CPF statements or Notice of Assessment.

- d) I have only 1 child. Yes No
 (Please proceed to Question E if you have more than 1 child).

- e) My child has _____ sibling(s).
 Name of sibling: _____ Name of sibling: _____ Name of sibling: _____
 Age (Yr ____): _____ Age (Yr ____): _____ Age (Yr ____): _____
 Class (if studying in HPS): _____ Class (if studying in HPS): _____ Class (if studying in HPS): _____

- f) What is your total monthly household income?
 Below \$2,000/- \$2,001 - \$4,000/- \$4,001 - \$8,000/- Above \$8,000/-

- g) Currently, what is the care arrangement for your child/ward?
 Self-care/ spouse-care Student Care Centre pls specify: _____
 Care by domestic helper/ nanny Child Care Centre pls specify: _____
 Care by grandparents/ other family members Others pls specify: _____

- h) In case our student care service is unavailable for your child/ward, what would be your alternative care arrangement?

I, the undersigned, declare that the above information provided is true to the best of my knowledge.

Signature: _____
 Name: _____
 Date: _____
 Relation to child: _____

Please return this Request Form with a copy of your child's Birth Certificate, parents' NRIC and proof of employment (eg. recent CPF statement, payslips, etc.)

