

# SCHOOLCARE REQUEST FORM



**Pro-Teach Schoolcare (Horizon)**  
 Business Reg: 53182083A GST Reg: 53182083A  
 61 Edgedale Plains Level 1 Singapore 828819  
 Office: 6483 0898 Email: hrz.proteach@gmail.com

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 _____<br>(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<br><input type="checkbox"/> CDC SCFA <u>or</u> gross household income* \$4,000/- & below<br><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.)

