



BIG HEART STUDENT CARE

@ Fuchun Primary School

Ref No.: BHSCC/REG/2020/F001v4

Dear Parents / Guardians,

Thank you for your interest in the Student Care Centre @ Fuchun Primary School managed by Self Help Groups Student Care Limited.

Big Heart Student Care @ Fuchun caters to the after school care needs of the students of Fuchun Primary School. Big Heart Student Care Centre is committed in providing a safe and holistic learning experience for all our students. We provide homework supervision, enrichment activities and focus on character building through the learning of the core values of Fuchun Primary school.

We value our partnership with the school as well as parents and aim to provide quality care and services to our students.

Key components of our programme	Centre Operating Hours
<ul style="list-style-type: none">• Homework Supervision• Character Building• Holiday Enrichment Activities• Health & Fitness• Arts & Aesthetics	School Term : School Dismissal Time to 7pm (Mondays to Fridays) School Holidays : 7.30am to 7pm (Mondays to Fridays)

Student Care Fees			
Type of Fees	Cost	GST	Payable Amount (With GST)
*Registration Fees	\$ 60.75	\$ 4.25	\$ 65.00
*Student Care Fee Deposit	\$ 271.03	\$ 18.97	\$ 290.00
*2 T-Shirts	\$ 22.44 (\$ 11.22 per piece)	\$ 1.56	\$ 24.00 (\$ 12.00 per piece)
*Student Care Fee	\$ 271.03 per month	\$ 18.97	\$ 290.00 per month

*The Student Care Fee Assistance (SCFA) scheme from the Ministry of Social and Family Development (MSF) is available to assist families with financial needs (subject to MSF approval). Our staff will assist eligible students to apply for the subsidy.

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*School Holiday/ Full Day Fee			
Term Break	No. of Days	Block Supplementary Charges	
Ad-hoc full day services (e.g School PTMs, PSLE Oral & Marking)	-	No Charge	
March Holidays	5	\$25.00	
June Holidays	20	Option 1 (Up to 10 days)	Option 2 (11 to 20 days max)
		\$50.00	\$80.00
September Holidays	5	\$25.00	
November/ December Holidays	30	Option 1 (Up to 15 days)	Option 2 (16 to 30 days max)
		\$75.00	\$125.00

**The Programme Fee Subsidy (PFS) scheme from the Self Help Groups (SHG) is available to assist families with financial needs. Our staff will assist eligible students to apply for the subsidy.*

The Student Care application will only be processed if it is duly completed with the attachment of relevant documents. Both the Student Care and the School will assess the eligibility and only shortlisted applicants will be contacted regarding the enrolment.

For further enquiries, please feel free to contact Ms. Jasvin at 98381634 from 10am to 4pm (weekdays) or email us at fuchun@shgstudentcare.com.sg.

Please submit your application form with the required supporting documents to the School's General Office (during office hours).

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Student Care Fee Assistance (SCFA) Scheme Eligibility Criteria

The SCFA scheme provides financial assistance for children from lower-income families who enrol in SCFA Administrator Student Care Centres (SCCs). A portion of the SCC monthly fees is subsidised depending on the household/per capita income of the family.

Criteria for eligibility: -

- Both you and your spouse are working at least 56 hours per month.
- Your total monthly family income is \$4,500 or less each month or your monthly household per capita income is \$1,125 or less
- Your child is between 7 – 14 years of age.
- Your child will be attending an MSF-registered Student Care Centre.
- Your child is a Singapore Citizen or Permanent Resident (at least one immediate family member in the same household must be a Singapore Citizen)

If the household has 4 or less family members, please refer to this column:	If the household has 5 or more family members, please refer to this column:	If the monthly student care fees < \$295	If the monthly student care fees ≥ \$295
Gross Household income (\$)	Gross Per-Capita income (\$)	Subsidy (%)	Maximum subsidy (\$)
≤1500	≤375	98	290
1501 - 2000	376 – 500	95	280
2001 - 2200	501 - 550	90	266
2201 - 2400	551 - 600	85	251
2401 - 2600	601 - 650	80	236
2601 - 2800	651 - 700	70	207
2801 - 3000	701 - 750	60	177
3001 - 3200	751 - 800	50	148
3201 - 3400	801 - 850	40	118
3401 - 3500	851 - 875	40	118
3501 - 4000	876 - 1000	30	89
4001 - 4500	1001 - 1125	20	59

The Start-Up Grant of up to \$400 will also be extended to families with gross HHI of up to \$4,500, or PCI of up to \$1,125 for families with five or more family members.

To apply for SCFA, kindly complete the attached SCFA forms and submit with Big Heart Student Care Registration form.

Thank you.

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Documents to submit with the Student Care Registration Form:

COMPULSORY		
Kindly enclose the duplicate copies of the following documents:		
1	Passport sized photo of child	
2	Birth Certificate of child	
3	NRICs of parents/guardian (front and back)	
4	NRICs of authorized fetcher(s)	
5	Child's duplicate of Immunization Report (inside the health booklet)	

Documents to submit with the SCFA Application Form:

Parents/Guardians applying for Student Care Fee Assistance (SCFA), please submit the documents specified above as well as the documents stated as follows:

**For more information and eligibility criteria, please kindly refer to previous page.

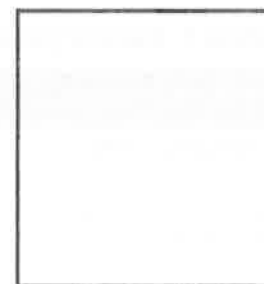
COMPULSORY		
Kindly enclose the duplicate copies of the following documents:		
1	NRIC of Great/Grandparents' (Only applicable for Singapore citizens staying in the same household)	
2	Birth Certificate of child's siblings (including child's siblings in the same household) If child/ren is a Singapore Permanent Resident, please submit Entry/ Re-entry Permit.	
3	<u>To provide in November 2020 only:</u> Latest Income documents (Aug 20 to Oct 20) in the form of the following: i. 3 months' payslips OR ii. CPF contribution history statement OR iii. Latest IRAS Tax statement (for self-employed) OR iv. Annex 6: Statutory Declaration on Income, Employment Details & working Hours (For Self Employed)	

Please refer to SCFA Application form, pages 1-3 for checklist of required documents.

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REGISTRATION FORM



ENROLMENT DATE: _____ (to be completed by Centre)

Student's Photo

Thank you for your interest in Big Heart Student Care. To register, please complete the registration form.
Kindly note that both student care and school will assess the eligibility and actual enrolment is subject to the school approval.

Section A Please share with us why you wish to enrol your child for after school Student Care Service.

Section B Please share with us your current after school care arrangement

Current after-school care arrangement, Please Tick ✓

- ☐ No Arrangement ☐ Parents ☐ Student Care Centre, Please State: _____
☐ Domestic Helper ☐ Grandparents / Relatives ☐ Others, Please State: _____

Section C Please state if Child has siblings(s) enrolled / enrolling with Big Heart SCC

If Yes, Please indicate siblings' Names(s) and Level(s)

Section D Child's Particulars *Please delete where appropriate

Full Name (as in Birth Certificate)	Chinese Character (if applicable)	School Class
Birth Certificate No.	Date of Birth	Gender * Male / Female
Nationality	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Eurasian <input type="checkbox"/> Others: _____	Religion
Residential Address of Child		
Contact No (Home)	Contact No (Mobile)	MOE FAS Recipient * Yes / No
Dietary Requirement (If applicable) <input type="checkbox"/> Halal <input type="checkbox"/> Others: _____ <input type="checkbox"/> Vegetarian	Dietary Allergies (If applicable)	

NOTE: For Child's Medical Condition and Declaration, kindly complete the **Medical Declaration Form**.

Section E Household Information

Type of Housing <input type="checkbox"/> Purchased <input type="checkbox"/> Rental <input type="checkbox"/> Others: _____	Type of Housing Estate <input type="checkbox"/> HDB * 1 / 2 / 3 / 4 / 5 / Executive Room <input type="checkbox"/> Private Property Condominium/Landed)	Total no. of Family Members
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Section F Parents' / Guardian's Particulars**Father's Particulars**

Full Name (As in NRIC)			NRIC No.
Date of Birth	Nationality	Race	Religion
Residential Address (If different from Child's Address)			Marital Status
Contact No. (Home/Office)	Mobile No.	Email Address	
Employment Status <input type="checkbox"/> Employed (Full Time / Part Time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Gross Monthly Salary <input type="checkbox"/> Below \$1,000 <input type="checkbox"/> \$1,000 - \$1,600 <input type="checkbox"/> \$1,601 - \$2,100 <input type="checkbox"/> \$2,101 - \$2,600 <input type="checkbox"/> \$2,601 - \$4,500 <input type="checkbox"/> Above \$4,500	

Mother's Particulars

Full Name (As in NRIC)			NRIC No.
Date of Birth	Nationality	Race	Religion
Residential Address (If different from Child's Address)			Marital Status
Contact No. (Home/Office)	Mobile No.	Email Address	
Employment Status <input type="checkbox"/> Employed (Full Time / Part Time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Gross Monthly Salary <input type="checkbox"/> Below \$1,000 <input type="checkbox"/> \$1,000 - \$1,600 <input type="checkbox"/> \$1,601 - \$2,100 <input type="checkbox"/> \$2,101 - \$2,600 <input type="checkbox"/> \$2,601 - \$4,500 <input type="checkbox"/> Above \$4,500	

Guardian's Particulars

Full Name (As in NRIC)		Relationship to Child	NRIC No.
Date of Birth	Nationality	Race	Religion
Residential Address (If different from Child's Address)			Marital Status
Contact No. (Home/Office)	Mobile No.	Email Address	
Employment Status <input type="checkbox"/> Employed (Full Time / Part Time) <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Gross Monthly Salary <input type="checkbox"/> Below \$1,000 <input type="checkbox"/> \$1,000 - \$1,600 <input type="checkbox"/> \$1,601 - \$2,100 <input type="checkbox"/> \$2,101 - \$2,600 <input type="checkbox"/> \$2,601 - \$4,500 <input type="checkbox"/> Above \$4,500	

Section G Additional Contacts for Emergency / Fetcher (If Applicable)

- 1) The stated parents / guardian will be included as the authorised emergency contact / fetcher.
2) To include additional information of emergency contact and authorised fetcher, please provide the details as below:

Authorised Person for Please Tick ☒ Emergency Contact ☐ Authorised Fetcher

Full Name (As in NRIC)

NRIC No.

Relationship to Child

Contact No. (Home / Office)

Mobile No.

Residential Address

Authorised Person for Please Tick ☒ Emergency Contact ☐ Authorised Fetcher

Full Name (As in NRIC)

NRIC No.

Relationship to Child

Contact No. (Home / Office)

Mobile No.

Residential Address

Section H Dismissal / Pick Up Time

Please indicate your preferred pick up time/gate below:

Preferred Pick Up Timing

☐ 4.30pm ☐ 6.00pm ☐ 6.30pm

Pick Up Point:

☐ Gate A

Remarks.

Section I Authorisation for child to go home by himself/herself (for Upper Primary students only)

- ☐ My child is independent and knows how to take care of himself / herself. Hence, I allow my child to go home on his / her own. I will not hold the Big Heart Student Care / Self Help Groups Student Care Limited liable for his / her safety.

Applicant Declaration

I, the undersigned, declare that all the above information is true and correct;

I understand that the Student Care application will only be processed if it is duly completed with the attachment of relevant documents. Both the Student Care and the school will assess the eligibility and only shortlisted applicants will be contacted regarding the enrolment.

I also hereby allow Self Help Groups Student Care to retrieve any required documentation from the school if I am unable to provide as such.

Applicant Full Name (As In NRIC)

Signature

Date

Medical Declaration Form

Please fill in or update your child's/ward's existing medical condition(s) in the form below.

*Please delete accordingly.

Medical Condition	Yes/No	If yes, please state the special precaution to take for your child/ward. (Please attach supporting <u>medical information from the attending doctor(s)/psychologist(s)</u>)
Epilepsy	Yes/No*	
Periodic Loss of Consciousness	Yes/No*	
Heart Condition	Yes/No*	
Ear Disorder	Yes/No*	
Respiratory Disorder e.g. Asthma	Yes/No*	
Allergies e.g. medication, insect bites and stings	Yes/No*	
Is your child/ward on regular medication?	Yes/No*	
Has your child/ward been specifically told to modify his/her physical activity or exercise participation?	Yes/No*	
Has your child been diagnosed with special educational needs? E.g. Autism Spectrum Disorder, Intellectual Disability, Multiple disabilities	Yes/No*	
Other relevant medical information	Yes/No*	

I confirm that the above information regarding my child/ward, _____ (Child's name), is correct and have submitted the **attached medical information from the attending doctor(s)** concerning my child/ward which includes details of limitations that he/she has for activities concerned.

I hereby **authorise** the SCC staff to obtain medical assistance which they deem necessary.

Should an incident occur, I understand that my child will not participate in any activity that the SCC staff deem unfit for and **agree** to let Big Heart Student Care share information of my child/ward with the relevant authorities for the purposes of rendering appropriate assistance and/or for operational planning relating to Student care matters.

I will update the SCC staff of any changes in the medical conditions of my child, if required.

Applicant / Parent / Guardian Full Name (As In NRIC)	Signature	Date

Official Use

The student information as declared by the parent/guardian have been captured in the database.

Centre Manager Name	Signature	Date