



## EARLY CHILDHOOD ASSISTANCE PROGRAMME (ECAP) APPLICATION

The Early Childhood Assistance Programme funding is available for qualifying Caymanian children who will be three (3) years old before September 1<sup>st</sup> of the academic year which funding is to be paid.

Carefully read the ECAP Guidance Document prior to completing this application. This document can be found at <http://www.education.gov.ky/portal/page/portal/mehhome/education/earlyeducation>.

The application must be completed, and required documentation must accompany the application. Please deliver the application and documentation directly to the Early Childhood Care and Education Unit, Government Administration Building, Elgin Avenue, George Town. Alternatively, the application and documents may be sent via email to [ecap@gov.ky](mailto:ecap@gov.ky) or 244-2417.

PROOF REQUIRED		These documents are accepted as proof <i>(please tick all items submitted)</i>
<b>Child 's Age</b>		<input type="checkbox"/> Copy of the child's birth certificate
<b>Right to be Caymanian</b>		<input type="checkbox"/> Parent's born on or before March 27 1977 copy of Birth Certificate showing child's parent are born in the Cayman Islands or that a parent (child' s grandparents) are born in Cayman, <u>OR</u> <input type="checkbox"/> Parent born after March 27 1977 Proof of Acknowledgement of Caymanian or Copy of Caymanian as of Right letter, <u>OR</u> copy of the Caymanian parent parent's birth certificate (the child's grandparent), <u>OR</u> <input type="checkbox"/> Copy of Caymanian Status for child, <u>OR</u> <input type="checkbox"/> Copy of Caymanian Status for parent dated prior to child's birth, <u>OR</u> <input type="checkbox"/> Copy of letter of Confirmation Caymanian as of Right letter from the WORC Department for the child
<b>Government Issued ID</b> (required for each parent)		<input type="checkbox"/> Copy of Driver's Licence, <u>OR</u> <input type="checkbox"/> Copy of Voter's ID, <u>OR</u> <input type="checkbox"/> Copy of Passport Picture Page
<b>Legal Guardianship</b> (where applicable)		<input type="checkbox"/> Court order detailing legal guardian, <u>OR</u> <input type="checkbox"/> Written documentation from Department of Children and Family Services detailing legal guardian
<b>Income</b> (required for each parent)	<b>Employed</b>	<input type="checkbox"/> Pay slips reflecting income for the 2 most recent months detailing salary earned with Pension and Health Insurance payments <u>OR</u> <input type="checkbox"/> Job letter detailing salary earned with Pension and/or Health Insurance deductions
	<b>Unemployed</b>	<input type="checkbox"/> Proof of registration with Workforce Opportunities & Residency Cayman (WORC) <ul style="list-style-type: none"> <li>○ Caymanian parent: must register with WORC as Job Seeker Extended</li> <li>○ Non-Caymanian parent: must register as a Job Seeker</li> </ul> <input type="checkbox"/> Stay at home parent by choice – letter stating decision for parent to stay at home

	<b>Self-employed</b>	<input type="checkbox"/> Notarised statement written by self-employed parent stating that he/she is self-employed, the nature of the business and the average monthly salary earned, <b>AND</b> <input type="checkbox"/> Copy of the Trade & Business License (if applicable) for the business(es) owned
	<b>Other Income</b> (includes maintenance payments, financial assistance and/or property rental)	<input type="checkbox"/> Copy of court ordered maintenance <input type="checkbox"/> Letter from NAU or other agency explaining financial support received and the expected duration of that support <input type="checkbox"/> Copy of rental agreement or receipts for payment collected

At times, families who do not qualify under the financial means testing experience additional challenges, preventing them from affording the cost of early childhood care and education for their 3 year old child. Consideration may be given for the following extenuating circumstances.

<b>Extenuating Circumstances</b>	<b>Documents Required</b> <i>(please tick all items submitted)</i>
Ill health of a parent or dependent which infringes on earning capacity of one or both parents.	<input type="checkbox"/> Letter from medical doctor detailing the condition and level of care necessary. In the event that a parent is incapacitated by a medical condition the letter would state that the person is unfit to work.
Serious family emergency	<input type="checkbox"/> Death certificate <input type="checkbox"/> Deportation order from the Immigration Department
Ongoing health issues/conditions of a parent or dependent which substantially affects earning capacity and/or the expenditure of the family.	<input type="checkbox"/> Letter detailing health issues(s) <input type="checkbox"/> Invoices and/or receipts showing related medical costs <input type="checkbox"/> If parent is unfit to work, a letter from a medical doctor stating that the person is unfit to work
Sudden job loss of a parent	<input type="checkbox"/> Termination letter <input type="checkbox"/> Job letter/pay slips of remaining wage earner
Sudden acquisition of additional dependents	<input type="checkbox"/> Court order <input type="checkbox"/> Death certificate of biological parent
Multiple children of the same age	<input type="checkbox"/> Birth certificates of children (birth of multiple and/or 2 children born within 12 months)
Dependent with special educational needs/disability	<input type="checkbox"/> Detailed report(s) from a qualified service provider or medical practitioner <input type="checkbox"/> Invoices and/or receipts showing related costs not covered by insurance

<b>OFFICE USE ONLY</b>	
<b>Date received:</b>	<b>ECCE Unit Signature:</b>
<b>Comments:</b>	

## GENERAL INFORMATION

Name of child: \_\_\_\_\_ Gender: Male  Female   
 (First name) (Last name)

Child's date of birth: \_\_\_\_\_ Child's nationality: \_\_\_\_\_  
 Day / Month / Year

Early childhood centre (preschool) where the child is registered: \_\_\_\_\_

Is your child currently attending the above-named early childhood centre? Yes  No

Monthly cost to attend this centre: \_\_\_\_\_

Who does the child live with? Mother  Father  Both parents

Does a particular parent have custody of the child? Yes  No  N/A

If yes, please explain: \_\_\_\_\_

Please list the members of child's household and dependents.

Name	Relationship to Child	Age	Educational Institution/ Workplace/Reason for Unemployment	Parents' Dependent?
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

## FINANCIAL MEANS TESTING CRITERIA

Number of Dependents	Total income			
	Less than \$2,625 per month	\$2,626 – 3,413 per month	\$3,414 – 4,200 per month	\$4,201– 4,998 per month
1	Supplementary	Basic	None	None
2	Supplementary	Supplementary	Basic	Basic
3	Supplementary	Supplementary	Supplementary	Basic
4 or more	Supplementary	Supplementary	Supplementary	Supplementary

\* Personal expenditure is not considered when processing applications

**PARENT/GUARDIAN'S INFORMATION**

Please provide **all** the information requested below.

	<b>FATHER</b>	<b>MOTHER</b>	<b>LEGAL GUARDIAN</b> (where applicable)
<b>Name</b>			
<b>Caymanian</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Street Address</b>			
<b>Postal Address</b>	P.O. Box _____ KY___ - _____	P.O. Box _____ KY___ - _____	P.O. Box _____ KY___ - _____
<b>Email Address</b>			
<b>Phone Contact</b>	_____ cell _____ home _____ work	_____ cell _____ home _____ work	_____ cell _____ home _____ work
<b>Occupation</b>			
<b>Employer</b>			
<b>Length of time employed</b>			

**Father, Mother, and Guardian, please read carefully and sign:**

- I have read the ECAP Guidance document
- I understand the Ministry of Education processes this Early Childhood Assistance Programme (ECAP) application form based on the personal data relating to all persons indicated on this application which I have willingly provided or those collected from third parties by the ECCE Unit. Under the Data Protection Act, the Ministry of Education is the data controller for the purposes of processing ECAP applications and managing ECAP.
- I understand I must notify the ECCE Unit if: my contact information or circumstances change (e.g. income, number of dependents, status); or if I would like to change my child's registration to a different early childhood centre.
- My signature affirms that I understand that for my application to be processed I must submit information, which to the best of my knowledge, is true and correct. I understand that if I have submitted dishonest, misleading or inaccurate information, funding may be discontinued; even if my child's application was successful.
- I understand that if the ECCE Unit or the Oversight Committee needs additional information in order to process my child's application, it is my responsibility to provide all relevant information. I therefore agree that the ECCE Unit may contact my employer and other persons or agencies to verify pertinent information, as deemed necessary. Permission is therefore given for the Ministry of Education or the Department of Education Services to share my information with relevant Government agencies e.g. Workforce Opportunities & Residency Cayman (WORC), the Needs Assessment Unit (NAU), or the Family Resource Centre (FRC).
- I understand that willful misrepresentation of any material fact made by me in this application, or in discussion with the ECCE Unit, or the ECAP Oversight Committee, may result in this and future applications being refused.
- I understand that if I qualify to receive an ECAP grant for my child, funds will be paid each month directly to the early childhood centre which my child attends. I also understand that the usual pay period for ECAP payments is from September 1<sup>st</sup> through to June 30<sup>th</sup>, and I am aware that I must make arrangements for payment of fees during the months of July and August.
- I understand that I will be responsible to pay any fees to the early childhood centre which are above that which is paid through the ECAP Fund.
- I understand that the ECCE Unit will monitor my child's attendance at the early childhood centre during the payment period.

<b>FATHER</b>	<p>I, _____ affirm that all information in this application is current and accurate. I have read, understand and agree to the statements on page 5.</p> <p>Signature: _____ Date: _____</p>
<b>MOTHER</b>	<p>I, _____ affirm that all information in this application is current and accurate. I have read, understand and agree to the statements on page 5.</p> <p>Signature: _____ Date: _____</p>
<b>LEGAL GUARDIAN</b> (where applicable)	<p>I, _____ affirm that all information in this application is current and accurate. I have read, understand and agree to the statements on page 5.</p> <p>Signature: _____ Date: _____</p>