Early Childhood Assistance Programme (ECAP)  
2017- June 2018

The Ministry of Education offers funding for qualifying young Caymanian children to attend an early childhood centre (preschool). This is designed to provide pre-primary learning opportunities for young children. In order to qualify, children must have been born between September 1, 2013 and August 31, 2014.

All completed ECAP application forms must be submitted directly to the Early Childhood Care and Education (ECCE) Unit, 5th Floor, Government Administration Building. Forms should not be sent in care of the early childhood centres, and the ECCE Unit will not take responsibility for any undelivered forms.

Please submit the following documents in order for your funding request to be processed:

1. Completed application form including full contact details for both parents  
   (It is your responsibility to update the Early Childhood Care and Education Unit when contact information changes)
2. Copy of the child’s birth certificate
3. Copy of the Caymanian parent’s birth certificate (see pg. 3)
4. Proof of status (if parent and/or child is Caymanian by virtue of obtaining Caymanian Status)
5. Proof of legal guardianship must be shown if the child resides with someone other than his/her parent
6. Proof of income: recent pay slips, current job letters, or proof of maintenance (see pg. 3)
7. If self-employed, a bank reference which details average balance in the account and an affidavit signed by a JP or Notary Public verifying parent is self-employed must be attached.
8. If unemployed, parent must provide a copy of his/her recent termination letter and proof of registration with the National Workforce Development Agency (NWDA) as well as activity with that agency. (see pg. 4)
9. Copies of report(s) pertaining to the child’s special needs (if applicable)

Please see pages 3-8 for guidance on completing this application. All information provided will be treated confidentially and used solely for the purpose of processing your application. All relevant documents must be submitted with completed application form.

If additional information is needed, please contact: (345) 244-5735 or ecap@gov.ky
**Other Information:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Proof of status
- Documentation proving that the child is Caymanian should include:
  - Copy of child’s birth certificate showing child is born in the Cayman Islands with at least one (1) Caymanian parent
  - Copy of Caymanian parent AND Copy of Caymanian parent’s birth certificate showing that the parent was born in the Cayman Islands with at least one (1) Caymanian parent
  OR
- Proof of Caymanian status for child and/or parent

Proof of legal guardianship (if the child resides with someone other than his/her biological parent)
documents to be submitted with the ECAP application include:
- Court Order
- Legal document
- Adoption documentation
- Written documentation from Department of Children and Family Services

Proof of income:
- Pay slip: Payslips should show evidence salary earned and of Pension and Health Insurance payments being made by the applicant. If wages vary, at least 3 payslips must be submitted so that the average can be ascertained.

- Job letter: This should include salary/wage received and the amount paid for Pension and Health Insurance, indicating frequency of payments (weekly, bi-weekly, monthly, quarterly).

Self-employment:
This refers to persons who are engaged in a self-owned business from which they derive an income. Self-employed persons need to provide bank reference with the average balance in the account and a letter notarized by a Justice of the Peace or Notary Public; verifying the applicant is self-employed, as well as the average income derived by the applicant and include pension and health contributions.
Total income (pages 10, 11, 12):
This includes any source of income other than salary. Examples may be maintenance payments, assistance given from DCFS/NAU or income from investments such as rental property.

If any sources of income are inconsistent or vary over time, please ensure that this is noted on the form. ECCE Unit staff may check to verify all statements made on the form, so please ensure adequate and accurate information is given. **Proof:** If a parent is receiving maintenance payments for the child or assistance from agencies like the Needs Assessment Unit (NAU), please include these details. Any relevant documents should be attached, including:

- Court Order or relevant document
- Copy of cheque stub
- Documentation reflecting the frequency that maintenance is received
- Letter from agency detailing support

**Proof of Unemployment:**

- Termination letter to confirm that parent is no longer employed
- For Caymanian parents, registration as a Job Seeker Extended with National Workforce Development Agency. Include evidence of participation in NWDA work readiness programme(s) and/or interviews. Parent must inform NWDA of ECAP application and sign a Release of Information form at NWDA giving them permission to share information with the Early Childhood Unit. Non-Caymanian parents must register with the NWDA as a Job Seeker, and show proof of registration.
- If parents are married and one parent is a home-maker (by parents’ choice), this is not considered “un-employment” and that parent would not need to show that he/she is actively looking for a job.

**Early Childhood Centre Choice:**
Parents are encouraged to register their child at an early childhood centre prior to submitting the ECAP form. Some centres reach capacity before the school year begins, so it is advisable to begin visiting childhood centres in advance of the upcoming school year.

At the time of application, if parents have not decided which centre their child will attend, they may refer to the brochure “Finding a Quality Early Childhood Centre for Your Young Child” as a guide.

**Ceiling Rate for Eligibility:**
Refer to the table (page 9) for information regarding eligibility based on total income. Expenditure is not considered when processing applications, unless relating to the child’s special or medical needs, or if
there are specific extenuating circumstances. Extenuating circumstances that may affect the financial status of the family may be considered when processing the application. These may include:

- ill health of a parent or a dependant
- a serious family emergency, such as a sudden death of a parent, or a parent being deported from the Cayman Islands
- ongoing health issue(s) or condition(s) of a parent or dependant which may substantially affect the family’s financial status
- multiple children of the same age (e.g. birth of multiples or 2 children born within the same year) who will require the same level of support and financial expenditure at the same time
- sudden job loss of a parent
- the sudden acquisition of additional dependent(s) due to court ordered placements or becoming legal guardians as a result of the death of the biological parent(s)

Documentation must be provided verifying information presented on extenuating circumstances. If any of the above extenuating circumstances pertain to you, the Oversight Committee has the authority to:

- Consider applications even after the deadline has past
- Consider expenditure when means testing the parents
- Disregard the ceiling rate
- Grant funding for a specified amount of time instead of September 1 – June 30

**Dependants (page 9):**

According to the Immigration Law, a dependent is defined as the spouse, child, stepchild, adopted child, grandchild, parent, stepparent, grandparent, brother, sister, half-brother, or half-sister, each of whom is wholly or substantially dependent upon the respective individual (in this case, the ECAP applicant/parent). Such dependants may include:

- Children under the age of 18
- Persons above 18 years old who are still in school (e.g. training institute, college or university)
- Elderly family members who do not have an income to support themselves
- Adults whose care relies on the parent applying for ECAP funding. In such cases, the ECAP parent will be asked to attach a medical letter or relevant document that proves that the adult is a dependent in the parent’s care, and is relying on the parent
Personal Information (pages 10, 11, 12):

- All current information, including telephone and email contacts must be provided. When processing the application, the Unit staff may need to contact the applicant to ascertain additional information.

- The decision regarding the application will be communicated via email or phone, therefore it is imperative that updated contact information is provided.

- If one parent is not involved in the care of the child, it is still required that their contact information be provided. The parent may be called to verify information on the form during the processing of the application. If the child has one (1) Caymanian parent and that parent is absent from his/her life or is deceased, this does not disqualify the application.

- If parents live separately, only the income of the parent the child lives with will be considered. If that parent receives a contribution from the other parent – either court ordered as Maintenance or Child Support or as an informal arrangement, that amount (contribution) will be considered instead of the other parent’s entire income.

ECAP Monthly Payments:

- The application can only be approved based on available funds paid monthly:
  - Full contribution – not exceeding $450; Partial contribution - Not exceeding $275
  - If the early childhood centre’s fees are above the amount you are approved for, you are responsible for that additional cost. This funding does not cover registration fees, cost of uniforms, supplies, meals (if this is an additional cost above tuition), field trip costs or any additional fees incurred.

- If approved to receive funding, a monthly cheque is sent directly to the respective centre - parents will not receive money directly from the Ministry of Education.

- If the child changes early childhood centres, it is the parent’s responsibility to provide advance notice to the Early Childhood Care and Education Unit and the manager of the early childhood centre in a timely manner so that the funding can be sent to the correct centre. Failure to do so may result in the parent incurring additional fees.

Parental requirements during the time when funding is received

Each parent whose child receives ECAP funding is expected to complete the following during the funding period:

1) Attend at least 75% of the scheduled Parent Teacher Association meetings at your child’s centre.
2) Unemployed parent/applicant must actively participate in workshops and other opportunities provided by the NWDA, as well as attending interviews when the opportunity is presented. The ECCE Unit staff will have access to the parent’s activity through NWDA to verify attendance.

3) Use the services of the Family Resource Centre. Each family must partake in offerings of the Family Resource Centre that pertain to their needs, such as the education/information sessions, individual Parent Coaching or individual sessions as arranged with the Family Resource Centre. Please make contact with the Family Resource Centre on 949-0006 or frc@gov.ky. Should the above requirements not be met, it may result in discontinuation of funding.

The following is encouraged, but not required:

1) Perform at least 3 hours of community service over the course of each year. It is recommended that you complete at least 1 hour per quarter/term. Community Service could include beach clean-ups, volunteering at the Pines or the Humane Society, or assisting at Meals on Wheels. There are other ways to serve our community. The whole family can get involved and make it a memorable time of fun and learning. A signed notice must be provided to the ECCE Unit as proof of completion of service.

Please take note of the following sample documents:
MOTHER'S INFORMATION

Please provide all the information requested, and sign below:

NAME: Mary Target
CAYMANIAN: YES / NO

POSTAL ADDRESS: General Delivery
(please include postal code)

PHYSICAL/STREET ADDRESS: 48 Upper Cut Street

EMAIL ADDRESS: insam@my.com PHONE/CELL: 777-7777

OCCUPATION: Pastor Church Service
EMPLOYER: Self

CUSTODY OF CHILD: YES ☐ NO ☐ N/A ☐ (check appropriate box)

TOTAL INCOME:
The child's mother must list all her sources of income (include salary, wages, rental income, child maintenance or allowances from agencies such as DCFS).

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Wages</td>
<td>$ 600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance received for Child Support from any other Government Agency</td>
<td>$ 250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>$ 300</td>
<td>DCFS/NIA</td>
<td></td>
</tr>
</tbody>
</table>

I affirm that the above accurately states the total income that I receive.

Signed by Mother: 

CHILD'S INFORMATION

EARLY INTERVENTION

This page is to be completed by parents whose child is on the Early Intervention Programme. Please list all services related to your child's special needs such as the Early Intervention Programme, Health Services Authority, or a private agency and the costs which are incurred for your child to receive these services.

<table>
<thead>
<tr>
<th>Service and Service Provider</th>
<th>Frequency</th>
<th>Cost to you per month</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention Service - Home Based</td>
<td></td>
<td>$0.00</td>
<td>Attend group</td>
</tr>
<tr>
<td>Speech and Language Therapy - Telehealth</td>
<td>Twice per week</td>
<td>$200.00</td>
<td>Insurance pays for assess for you</td>
</tr>
</tbody>
</table>

Is your child on a special diet? YES
Average cost per month (relating to the diet): $100.00

Does your child require special medication? YES
Is medication covered by insurance? No. Medical supplements are not covered
Average cost of medication not covered by insurance per month: $100.00

Please give details (including cost) of any consistent medical appointments which pertain to the child's special needs (local or overseas).

<table>
<thead>
<tr>
<th>Medical Need</th>
<th>Medical Centre/Doctor's Information</th>
<th>Frequency of Services</th>
<th>Average Cost (including travel, accommodations etc.) which is incurred to you (i.e. not covered by insurance or other sources)</th>
<th>Details of Insurance Coverage (which assist with cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Assessment</td>
<td>Look Yes Development Institute</td>
<td>Once per year</td>
<td>$500 (Insurance covers most)</td>
<td>C/I care</td>
</tr>
<tr>
<td>Neurologist</td>
<td>Bonifada Regional Hospital</td>
<td>Once per year</td>
<td>$500 (Insurance covers most)</td>
<td>C/I care</td>
</tr>
</tbody>
</table>

Please list details on a separate sheet of any other costs pertaining to your child's special need which may not have been captured in the information above.

FATHER'S INFORMATION

Please provide all the information requested, and sign below:

NAME: Joe Banks
CAYMANIAN: YES / NO

POSTAL ADDRESS: General Delivery
(please include postal code)

PHYSICAL/STREET ADDRESS: 23 Lavender Lane

EMAIL ADDRESS: myemail.com PHONE/CELL: 999-9999

OCCUPATION: Carpenter
EMPLOYER: Fitted jobs

CUSTODY OF CHILD: YES ☐ NO ☐ N/A ☐ (check appropriate box)

TOTAL INCOME:
The child's father must list all his sources of income (include salary, wages, rental income, child maintenance or allowances from agencies such as DCFS).

<table>
<thead>
<tr>
<th>FATHER</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Wages</td>
<td>$ 5000</td>
<td>Build-A-Home</td>
<td>Bob 888-8888</td>
</tr>
<tr>
<td>Maintenance received for Child Support from any other Government Agency</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I affirm that the above accurately states the total income that I receive.

Signed by Father: 

Please read carefully and sign below:

By signing this form, I affirm that I have read and understand this application. To the best of my knowledge, all information given is true and correct.

I understand that when my application is being processed, the staff of the Ministry of Education as well as the Oversight Committee may request additional information from me to support the application. I also understand and agree that they may contact my employers and other persons/ agencies to verify the accuracy of the information on this form.

I give permission for the Early Childhood Care and Education Unit to share information with the National Workforce Development Agency if needed.

I understand there are requirements I will need to complete should this application be successful. I agree to complete the requirements and provide proof to the Early Childhood Care and Education Unit. I understand that failure to complete the requirements may result in the discontinuation of funding.

I am aware that a wilful misrepresentation of any material fact made by me in this application or in my interview may result in this and future applications being refused, in addition to possible prosecution.

All relevant persons must sign:

Father: 
Date: Feb 2, 2017

Mother: 
Date: Feb 2, 2017

Legal Guardian: 
Date: 


Please complete pages 9-14:

Name of child: ____________________________________________________________

Date of birth:   DAY ___________ MONTH ___________ YEAR ___________

Nationality: _________________________ MALE: ☐          FEMALE: ☐

Who does the child live with? _______________________________________________

Child will attend: __________________________________________________________
                    (Name of early childhood centre)

CEILING RATE FOR ELIGIBILITY: Total income

<table>
<thead>
<tr>
<th>No. of Dependants</th>
<th>Less than $2,500 per month</th>
<th>$2,501 – 3,250 per month</th>
<th>$3,251 – 4,000 per month</th>
<th>$4,001 – 4,760 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full</td>
<td>Partial</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Full</td>
<td>Full</td>
<td>Partial</td>
<td>Partial</td>
</tr>
<tr>
<td>3</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Partial</td>
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<tr>
<td>4</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
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<tr>
<td>5 or more</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
<td>Full</td>
</tr>
</tbody>
</table>

DEPENDANTS
Please list your dependants (i.e. a child, elderly parent or other person who relies on your financial support for valid reasons such as extended illness or disability)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School/Institution (if child) Reason for unemployment (if adult)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>
FATHER’S INFORMATION

Please provide all the information requested, and sign below:

NAME: ___________________________________ CAYMANIAN: YES / NO

POSTAL ADDRESS: ______________________________________________________
(include postal code)

PHYSICAL/STREET ADDRESS: ____________________________________________

EMAIL ADDRESS: ______________________ PHONE/ CELL: ____________________

OCCUPATION: ______________________ EMPLOYER: ________________________

CUSTODY OF CHILD: YES □ NO □ N/A □ (tick appropriate box)

TOTAL INCOME:
The child's father must list all his sources of income (for example: salary, wages, rental income, child maintenance or allowances from agencies such as DCFS).

<table>
<thead>
<tr>
<th>FATHER</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Wages</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance received for Child Support or any other Allowance e.g. from a Government Agency</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Other income</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I affirm that the above accurately states the total income that I receive.

Signed by Father: ________________________________

Father must also sign on page 14
MOTHER’S INFORMATION

Please provide all the information requested, and sign below:

NAME: ____________________________ CAYMANIAN: YES / NO

POSTAL ADDRESS: ____________________________________________________________
(include postal code)

PHYSICAL/STREET ADDRESS: ________________________________________________

EMAIL ADDRESS: ______________________ PHONE/CELL: _______________________

OCCUPATION: _______________________ EMPLOYER: _______________________

CUSTODY OF CHILD: YES □ NO □ N/A □ (tick appropriate box)

TOTAL INCOME:
The child’s mother must list all her sources of income (for example: salary, wages, rental income, child maintenance or allowances from agencies such as DCFS).

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
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</thead>
<tbody>
<tr>
<td>Salary/Wages</td>
<td>$</td>
<td></td>
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<td>Other income</td>
<td>$</td>
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I affirm that the above accurately states the total income that I receive.

Signed by Mother: _________________________________

Mother must also sign on page 14
GUARDIAN’S INFORMATION
This page must be completed in the event that another caregiver (other than biological parents) has legal guardianship of the child.

Please provide all the information requested, and sign below:

NAME: ___________________________________ CAYMANIAN: YES / NO

POSTAL ADDRESS: ____________________________________________________________
(include postal code)

PHYSICAL/STREET ADDRESS: __________________________________________________

EMAIL ADDRESS: ______________________ PHONE/ CELL: ______________________

OCCUPATION: _________________________ EMPLOYER: _________________________

CUSTODY OF CHILD: YES □ NO □ N/A □ (tick appropriate box)

TOTAL INCOME:
The guardian must list all his/her sources of income (for example: salary, wages, rental income, child maintenance or allowances from agencies such as DCFS).

<table>
<thead>
<tr>
<th>GUARDIAN</th>
<th>WEEKLY/MONTHLY</th>
<th>SOURCE</th>
<th>CONTACT DETAILS</th>
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<tbody>
<tr>
<td>Salary/Wages</td>
<td>$</td>
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<tr>
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<td>$</td>
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I affirm that the above accurately states the total income that I receive.

Signed by Guardian: ________________________________________________
Guardian must also sign on page 14
**EARLY INTERVENTION**

This page is to be completed by parents whose child is on the Early Intervention Programme. Please list **all services** related to your child’s special needs such as the Early Intervention Programme, Health Services Authority, or a private agency; and the costs which are incurred for your child to receive these services.

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<th>Service and Service Provider</th>
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Is your child on a special diet? ________________________________________________

Average cost per month (relating to the diet): ____________________________

Does your child require special medication? _________________________________

Is medication covered by your insurance? ________________________________

Average cost of medication not covered by insurance per month: ___________

Please give details (including cost) of any consistent medical appointments which pertain to the child’s special needs (local or overseas).

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<th>Medical Need</th>
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</tbody>
</table>

Please list details on a separate sheet of any other costs pertaining to your child’s special need which may not have been captured in the information above.
Please read carefully and sign below:

By signing this form, I affirm that I have read and understood this application. To the best of my knowledge, all information given is true and correct.

I understand that when my application is being processed, the staff of the Ministry of Education as well as the Oversight Committee may request additional information from me to support the application. I also understand and agree that they may contact my employers and other persons/agencies to verify the accuracy of the information on this form.

I give permission for the Early Childhood Care and Education Unit to share information with the National Workforce Development Agency if needed.

I understand there are requirements I will need to complete should this application be successful. I agree to complete the requirements and provide proof to the Early Childhood Care and Education Unit. I understand that failure to complete the requirements may result in the discontinuation of funding.

I am aware that a wilful misrepresentation of any material fact made by me in this application or in my interview may result in this and future applications being refused, in addition to possible prosecution.

All relevant persons must sign:

Father: ________________________________ Date: ________________

Mother: ________________________________ Date: ________________

Legal Guardian: __________________________ Date: ________________