NEVIS ISLAND ADMINISTRATION

Ministry of Health, Gender Affairs & Social Empowerment
Department of Gender Affairs

GMBC Building
Government Road
Charlestown

Tel. (869)469-5521ext.6750
Cell: (869)665-6302
Email: dept.genderaffairsnev@gmail.com

ACTION Plan

Assisted Childcare for Toddlers and Infants on Nevis.



An early childhood day care cost subsidy program by the Ministry of Health, Gender Affairs & Social Empowerment

Criteria for Eligibility

- This program will provide subsidies for the cost of daycare for lower income parents. It will be based on a monthly voucher system catering to children for 0-3 years.
- This program will cater for single parents earning an income of $2,000.00 or less and dual parents' household with a combined income of $3,000.00 or less.
- Parents applying for this program must be employed, attending a job training institution or an educational institution.
- The child /children **must** be a citizen of the Federation of St. Kitts & Nevis.
- Parents are allowed to register no more than two children in this program simultaneously.
- Children **must be enrolled or accepted** in a daycare facility to be eligible.
- Application must be made by parent(s) or guardian(s) with child or children residing.

List of supporting documents needed to complete registration are as follows:

- ☐ Job Letter/Business License
- ☐ Recent Pay Slip
- ☐ Two national ID's
- ☐ Proof of educational enrollment
- ☐ Birth certificate(s) of child /children
- ☐ Proof of guardianship if different from parents
- ☐ Proof of citizenship of child (Birth certificate, passport, naturalization certificate)
- ☐ Signed registration form by daycare provider certifying attendance/acceptance

Application Form

Name of Applicant_____

Relationship of Applicant to child/children_____

Full name of first child:	
Date of Birth: dd/mm/yyyy	
Place of Birth:	
Gender:	☐ Male ☐ Female
Address:	
Name of Daycare Centre:	
Location:	
Days Required in Daycare:	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Daycare payment cycle	☐ Monthly ☐ Weekly **Cost of daycare:**
Full name of second child:	
Date of Birth:	
Place of Birth:	
Gender	☐ Male ☐ Female
Address:	
Name of Daycare Centre:	
Location:	
Days Required in Daycare:	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Stamp/signature of daycare representative certifying attendance or acceptance of child	

Mother's Details:			
Mother's name:			
Address:			
Nationality:			
Marital Status:	☐ Single	☐ Married	☐ Divorced
Contact Number	**Home:**	**Work:**	**Cell Phone:**
Email Address:			
Place of work:			
Address of Work:			
Gross Monthly Income	**$**		

Father's Details:			
Father's name:			
Address:			
Nationality:			
Marital Status:	☐ Single	☐ Married	☐ Divorced
Contact Number	**Home:**	**Work:**	**Cell Phone:**
Email Address:			
Place of work:			
Address of Work:			
Gross Monthly Income	**$**		

Are you currently receiving grants, subsidies or other benefits from the Department of Social Services, Social Security or any other government institution?

☐ Yes ☐ No

If yes, please specify: OBJ

Guardian details (Complete this section if mother/father are not the child's guardian)

Guardian's name:			
Address:			
Nationality:			
Marital Status:	☐ Single	☐ Married	☐ Divorce
Contact information:	**Home:**	**Work:**	**Cell Phone:**
Email address:			
Occupation/Place of Work:			
Address of Work			
Gross monthly Income			

Household details (Please list all members of the household)

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTICE TO PARENTS

Please take note of the following as it relates to the Daycare Voucher Assistance Programme implemented by the Gender Affairs Department (GAD) within the Nevis Island Administration (NIA):

1. The parents shall submit the vouchers provided by the GAD to the Daycare Provider within one (1) week of receiving the same to facilitate a timely manner of processing.

2. The parents shall make the remainder of the payment to the Daycare Provider in addition to the voucher being submitted.

3. After one (1) week has expired from the date of issue, any outstanding vouchers shall be deemed invalid, and parents who are in receipt of the vouchers will be required to make payment to the Daycare Provider in full.

4. Any parent who fails to submit the voucher and defaults on paying the outstanding balance to the Daycare Provider on two (2) occasions without showing good cause for same shall be subject to removal from the daycare voucher assistance programme.

Signed:
Ministry of Health,
Gender Affairs and
Social Empowerment

Declaration and Consent

Applicant declaration and consent. Please circle the appropriate response.

I/we, ……..……and…….

the applicant (s) declare that the Information given, and documents submitted to be true and correct. I/we the applicant(s) give permission to the Department of Gender Affairs within the Ministry of Health, and Social Empowerment permission to contact the daycare Centre in which my child/children are enrolled for further information. I/We also give consent to contact the Department of Social Services and any other entity necessary for further information.

Applicant Name(s) and signature Date

…… ……

Receiving Officer (Dept. of Gender Affairs) Date & Time

……. .....

OFFICIAL USE ONY:

APPROVED: YES ☐ NO ☐

Approval Signature: …….

Date of Approval:…….

- **Please attached copy of all supporting documents to application form.**