



79 Maple Street | Summit, NJ 07901 | 908.273.4242 | (fax) 908.273.6812 | TheConnectionOnline.org

GUIDELINES FOR FINANCIAL ASSISTANCE- CHILD CARE 2022-2023 Academic Year

Please read BEFORE completing Scholarship Application

- Application must be completed in full with ALL questions answered and must include **all forms listed below**. Incomplete applications will **NOT** be considered.
- Written income verification **must** be included with application. First preference for financial assistance will be given to applications including a household 1040 tax form. Second preference will be given to applications including current pay stubs for **all** employed adults in household. If the only documentation available is a letter from employer, financial assistance **will be limited to 40%**. Applications without written income verification can **NOT** be considered.
- Preference will be given to first-time applicants.
- Applicants will be notified of financial assistance by April 15, 2022

FINANCIAL ASSISTANCE CHECKLIST –Afterschool Program and Connection Preschool– Connection Staff to complete – do not accept without ALL of the following:

- ___ Scholarship Application (completed in full)
- ___ Income Verification
- ___ United Way of Greater Union County Intake Form
- ___ Connection Afterschool or Preschool registration forms (no deposit required)

Date Accepted by Front Desk _____
Initials: _____



Scholarship Application

Application **CAN NOT** be accepted without written income verification.
1040 tax form will be given first preference and current pay stub second preference.

All questions **MUST** be completed in full.

The information on this application will be kept confidential.

Date: _____

APPLICANT INFORMATION:

Name of applicant: _____ Date of Birth: _____

Address: _____

Phone: _____ Male Female

E-mail address: _____

Emergency contact: _____ Phone #: _____

LIST ALL MEMBERS IN HOUSEHOLD:

Name	Relationship (e.g. parent, child)	Age (if under 18)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		

***Number of adults employed: _____

HOUSEHOLD INCOME: **Please attach 1040 tax form and/or current pay stub for each adult.*

____ I/we do not have tax documents from the previous year.

*** If you do not have tax documentation or pay stub, please include a letter from your employer verifying your employment and salary**

- Salaries, tips, wages (gross) \$ _____ per _____
- Child support/alimony \$ _____ per _____
- AFCD/Public Assistance \$ _____ per _____
- Pension/Social Security \$ _____ per _____

Have you ever received scholarship assistance at The Connection? YES _____ NO _____

If yes, when? _____

List any extraordinary medical expenses or any other factors you consider relevant in requesting financial assistance:

Program/class desired: (Limit one aquatics and one non-aquatics class per term per person. Maximum 4 weeks of summer camp)

Program 1: (first choice) _____
(second choice) _____

Program 2: (first choice) _____
(second choice) _____

*If enrolling in ESL: I am a parent/grandparent/guardian of a current Summit Public School Student YES___ NO ___

*** If application is approved, Connection membership fees must be paid in full before your program/class registration is complete****

Name of referral source/agency: _____

I am willing to submit a quote about or share my experience at The Connection to be used in print and on the web. Please note—only first names will be used, and quotes can be anonymous if preferred.

Signature of applicant (parent/guardian if minor)

Date

For Connection Use Only:

Connection membership information:

New member: _____ Renewing member: _____

We reviewed this application in accordance with Connection Scholarship guidelines and recommend approval in the amount of:

\$ _____ % _____ For: _____

Program

Date: _____

Participant owes \$ _____ for class/program fee,

Plus \$ _____ Membership fee

Total due: \$ _____

Received: _____
Date Initials

Paid by: check _____ cash _____ credit card _____ Date: _____

We cannot approve this application at this time

Notes relevant to decision: _____

Date



FAMILY SUPPORT AND PREVENTION

INTAKE FORM

Date: _____ Email: _____

Primary Information:

Name: _____

Gender: () Male () Female Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone number: _____ Cell number: _____

Race: _____

Language(s) spoken: _____

Marital Status: () Married () Single () Living w/partner () Widowed () Separated

Family Information:

How many children under the age of 18 live in your household _____

Child's Name _____ Date of Birth _____ () Male () Female
Age _____

Child's Name _____ Date of Birth _____ () Male () Female
Age _____

Child's Name _____ Date of Birth _____ () Male () Female
Age _____

Child's Name _____ Date of Birth _____ () Male () Female
Age _____

Family Concerns/Challenges: () Education () Health () FLEX FUNDS
() Utility Assistance
() Rental Assistance
() Other

(Please provide brief description of Concerns/Challenges): _____

Current Housing Situation:

() Permanent () Temporary () Living with Family/Friends () Homeless
() Own () Rent

Employment Status:

() Full-time () Part-time () Student () Unemployed () Disabled () Retired
() Other (provide details) _____

Health Insurance Coverage: For Self () Yes () No For Children () Yes () No

Head of Household Name: (if not applicant): _____

Head of Household's Employment Status (if not applicant)

() Full-time () Part-time () Student () Unemployed () Disabled () Retired
() Other (provide details) _____

Applicant Signature _____ Date _____

Family Outreach Worker Signature _____ Date _____

Additional Notes: _____



Before & After School Child Care Program ENROLLMENT FORM 2022-2023

Student's Name _____ Gender _____

School _____ Grade _____ Birth Date ____ - ____ - ____

Parent/Guardian Name _____

Address _____ City _____

Cell Phone _____

Home Phone _____ Work Phone _____

E-Mail Address (required) _____

Emergency Name #1 _____

Phone _____ Relationship _____

Emergency Name #2 _____

Phone _____ Relationship _____

Emergency Name #3 _____

Phone _____ Relationship _____

Please enroll my child in the following program:

Before School Care at The Connection | starting at 7:00am

Monday Tuesday Wednesday Thursday Friday

After School Program at The Connection | 3:00-6:00pm

Monday Tuesday Wednesday Thursday Friday

After School Program at _____ School | 3:00-6:00pm

Monday Tuesday Wednesday Thursday Friday

Signature _____ Date _____

MEDICAL RELEASE: *In the event that I cannot be reached in an emergency, an authorized representative of The Connection may obtain necessary emergency medical treatment for the child named above.*

Signature _____ Date _____

Questions about our Enrichment Programs?

Email michelle.stelluto@theconnectiononline.org or call 908.273.4242 ext 123

Note: Financial Aid is available. For forms go to TheConnectionOnline.org under the Community Service drop down bar.



Before & After School Child Care Program PAYMENT FORM 2022-2023

Please note that if a child has an aide during school, we will require the child to have an aide in the after school program . All children must be toilet trained. The Connection after school program is not licensed to provide diapering care.

I, _____, understand that my child,
_____, will be enrolled in:

____ **Before School Care at The Connection (K-8th grade)**

____ **After School at The Connection (K-8th grade) 3:00-6:00pm**

____ **After School Program at _____ School dismissal-6:00 pm**

starting in Sept. 2022, excluding days the Summit Schools are closed for any reason.

The Connection's membership fee of \$60 and deposit are due at the time of registration. *I understand I can terminate this contract by notifying The Connection in writing, giving 30 days notice, and that failure to meet the terms of this payment agreement will jeopardize my child's place in the program.*

Signature: _____

Payment information:

Please charge \$ _____ to my credit card beginning September 1st, 2022.

Your credit card will be billed automatically on the 1st of each month.

Please contact the Front Desk if you would like to make your payment in full.

CREDIT CARD INFORMATION

____ I hereby give authority to The Connection to use my credit card on file.

____ Please call me to put a new card on file.

Note: Financial Aid is available. For forms go to TheConnectionOnline.org under the Community Service drop down bar.

PLEASE MAIL or DROP OFF COMPLETED FORMS:

**The Connection After School Program, 79 Maple Street, Summit, NJ 07901
(Please do not email or mail credit card information)**

Questions about our Enrichment Programs?

Email michelle.stelluto@theconnectiononline.org or call 908.273.4242 ext 123



SEPT 2022 - JUNE 2023 Before & After School Program

Before School Care for Kindergarten-8th grade starting at 7am

Days per week	3	4	5
Monthly	\$172	\$217	\$267

Monthly and yearly payment options are available.

A non-refundable deposit of \$200*, plus \$60 for The Connection's annual membership fee must accompany each Registration Form. Prices do not include holidays, vacation, and single-session days. *If you are participating in both the Before and After School Programs, only 1 deposit of \$200 is required.

After School Programs for Kindergarten - 8th grade, 3 - 6:00pm

Days per week	2	3	4	5
Monthly	\$428	\$479	\$531	\$588

Monthly and yearly payment options are available.

A non-refundable deposit of \$200, plus \$60 for The Connection's annual membership fee, must accompany each Registration Form. (A **late pick-up fee** of \$2.00 per min. will be charged after 6 pm). Prices do not include optional care (see Holidays, Vacation and Single-Session Days).

Holidays, Vacation & Single-Session Days

Held at The Connection and available only for children enrolled in any of our Before & After School programs. Online registration available in August.

Cost: Single-session 12:30 - 6:00pm, \$55 Full day 8am - 6:00pm, \$80

Space is limited and is offered on a first-come, first-serve basis. Transportation on single-session days at 12:30pm is provided from the Summit elementary & primary schools.

Unscheduled closings: The Connection does not provide child care if the Summit primary centers and elementary schools are closed for any reason including snow days, unscheduled early dismissals or cancellation of after school activities.

Flexible Drop-In Care

Monday-Friday, 3-6:00pm at: Brayton, Jefferson, Jefferson Primary Center, Franklin, Lincoln-Hubbard, Washington and Wilson

Cost: \$43/day for After School \$20/day for Before School (credit card only).

Based on availability. Completed registration forms are required at least 24 hours prior.

Reservations: Please email michelle.stelluto@theconnectiononline.org or call 908-273-4242 ext 123 **Pickup time:** anytime until 6pm.

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(Please do not email or mail credit card information)**