



79 Maple Street | Summit, NJ 07901 | theconnectiononline.org | 908.273.4242

GUIDELINES FOR FINANCIAL ASSISTANCE CHILD CARE 2024-2025 Academic Year

Please read BEFORE completing Scholarship Application

- Application must be completed in full with ALL questions answered and must include all completed 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 (18+) 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, 2024
- Please return your completed application to Lauren Nisenson (via mail, lauren.nisenson@theconnectiononline.org, or to the front desk).
- Please contact Lauren Nisenson via email or at 908-273-4242 x119 with all questions regarding financial assistance.

FINANCIAL ASSISTANCE CHECKLIST: AFTER SCHOOL PROGRAM AND CONNECTION PRESCHOOL

Connection Staff to complete – do not accept without ALL of the following:

- ___ Scholarship Application **(completed in full)**
- ___ Income Verification **(please cross out/ cover up Social Security Numbers)**
- ___ Connection Before School/ After School/ 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)	Date of Birth
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 _____

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

Program/class desired: (Limit of one class per term, per person. Subject to availability.)

NAME:	CLASS OR PROGRAM:	DAY(S) AVAILABLE:	TIME PREFERRED:

***If enrolling in ESL:**

I am a parent/grandparent/guardian residing with 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: _____

Date: _____ *Program*

Participant owes \$ _____ for class/program fee,

Plus \$ _____ Membership fee

Total due: \$ _____

Received: _____
Date Initials

Paid by: check _____ cash _____ Date: _____

We cannot approve this application at this time

Notes relevant to decision: _____

Date



Before & After School Child Care Program PAYMENT FORM 2024-2025

Program offerings are subject to change pursuant to changes made by the Summit School District and/or the State Department of Children and Families (licensing agency).

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

Before School Care at The Connection (K-5th grade)

After School at The Connection (K-5th grade) 3:00-6:00pm

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

starting in Sept. 2024, excluding days the Summit Schools are closed for any reason.

A non-refundable deposit of \$200, plus \$60 for The Connection's annual membership fee must accompany each Registration Form. *I understand I can terminate this contract by notifying The Connection in writing, giving 30 days notice, and that failure to pay monthly will jeopardize my child's place in the program.*

Signature: _____

PLEASE CHOOSE A PAYMENT OPTION

Option I: Payment in full

I have enclosed a check, payable to The Connection.

Please charge to my VISA, AMEX, or MC (*see below*).

Option II: Monthly payments (credit card only)

(credit card will be automatically billed)

Please charge \$_____ to my credit card the 1st of each month beginning Sept. 2024

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.

Questions about our Enrichment Programs?

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

**PLEASE EMAIL FORMS TO ENRICHMENT@THECONNECTIONONLINE.ORG
OR DROP OFF COMPLETED FORMS:**

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



ENRICHMENT PROGRAMS

Before and After School Care At The Connection and Summit Schools



Registration begins March 1st 2024-2025 School Year

The Connection's Child Care Enrichment Programs provide a safe, engaging environment that motivates and inspires learning and fun!

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SEPT 2024 - JUNE 2025 Before & After School Program

*Before School Care for K - 5th grade starting at 7:00am

*Before School Care will only run if there is sufficient interest.

Days per week	3	4	5
Monthly	\$207	\$258	\$309

In-School After School Programs for K - 5th grade, 3:00 - 6:00pm

Days per week	3	4	5
Monthly	\$515	\$570	\$630

After School Program for K - 5th grade at The Connection, 3:00 - 6:00pm

Days per week	3	4	5
Monthly	\$540	\$600	\$672

Fees for Before School and After School at The Connection reflect the significantly increased cost of bus transportation.

A late pick-up fee of \$2.00 per min. will be charged after 6 pm.

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 optional care (see 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.

If your child has additional support in the classroom during the school day please contact michelle.stelluto@theconnectiononline.org prior to registering.

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 Aug. 2024.

Cost: Single-session 12:30 - 6:00pm, \$56 Full day 8am - 6:00pm, \$82

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

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: \$48/day for After School \$20/day for Before School at The Connection (credit card only). Based on availability. Advanced reservations and 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.

PLEASE EMAIL FORMS TO ENRICHMENT@THECONNECTIONONLINE.ORG OR DROP OFF COMPLETED FORMS:

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



Before & After School Child Care Program ENROLLMENT FORM 2024-2025

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 _____

I would like to enroll my child in the following program:

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

*Before School Care will only run if there is sufficient interest.

___ 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.



THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY

Acknowledgement of Risk: I hereby acknowledge and agree that participation in The Connection's facility, programs and services comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with my participation at The Connection, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection from viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Connection participation and that said list in no way limits the operation of this Agreement. In consideration for being permitted to utilize the services and programs of The Connection, I and/or my child(ren) will comply with all Connection policies and rules and accept they may be altered by The Connection at any time.

Coronavirus/COVID-19 Warning and Disclaimer: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. Evidence has shown COVID-19 can cause serious and potentially life-threatening illness and even death. The Connection has put in place preventative measures to reduce potential spread of COVID-19 but **cannot guarantee** you or your child(ren) will not be exposed, contract, or spread COVID-19 because the possibility of the presence of the disease cannot be eliminated. Therefore, if you choose to attend The Connection's facility and on or off-site services and programs, **you could increase** your and your child(ren)'s risk of contracting or spreading COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that you and/or your child(ren) may be exposed to, or infected by COVID-19 when utilizing The Connection's facility and/or on or off-site services and programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. You also acknowledge the risk of becoming exposed to, or infected by, COVID-19 while at The Connection or an off-site program may result from the actions, omissions, or negligence of you and others, including, but not limited to, The Connection employees, volunteers and program participants and their families.

WAIVER OF LAWSUIT/LIABILITY: I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Connection, its officers, trustees, employees, volunteers, agents, representatives and insurers (Releasees) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, active or passive, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Connection on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of The Connection's facilities/equipment or participation in The Connection's programs and services on or off-site whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

I have carefully read, fully understand, and agree to all the terms of this Assumption of Risk, Release and Waiver of Liability.

All adult members or parent/guardians of youth members of The Connection must sign the agreement to participate in any Connection program.

Name

Date

Signature