



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

Encouraging a Lifetime of Active Learners

The Connection Preschool welcomes children and families from all backgrounds and abilities. Our classroom and schedule are designed to keep children engaged in their learning which includes frequent transitions throughout the day. If your child has received early intervention services, has been referred for services, and/or had or has a one-to-one therapist or paraprofessional, we require a meeting with The Connection Preschool teachers, the parents, and the BCBA from the child's program. Please note that we do have space constraints for additional adults in the classroom.

PRESCHOOL SCHEDULE

Preschool Hours & Fees for 2024-2025

	3 days	4 days	5 days
8:45AM - 12:30PM			
YEARLY	\$6,800	\$8,250	\$9,200
MONTHLY (Sept. - June)	\$ 680	\$ 825	\$ 920
8:45AM - 2:30PM			
YEARLY	\$8,400	\$10,400	\$11,750
MONTHLY (Sept. - June)	\$ 840	\$ 1,040	\$ 1,175

A \$200 non-refundable deposit and Connection membership fee of \$60 are due at the time of registration.

All children must be 3 years old by October 1st and toilet trained. No pull ups are permitted. The Connection Preschool program is not licensed to provide diapering care.

CONTACT US TO LEARN MORE!

Kathleen Keane, Head Teacher

908.273.4242 ext. 112 | preschool@theconnectiononline.org



PRESCHOOL

A Certified Preschool for Children Ages 3-5



**Registration begins February 1
2024-2025 School Year**

FLEXIBLE SCHEDULE

Monday through Friday
8:45am-12:30pm or 2:30pm

79 Maple St. Summit, NJ | TheConnectionOnline.org | 908-273-4242

MEANINGFUL • INTENTIONAL • ENGAGING • SUPPORTIVE

Our weekly learning themes encourage preschoolers to be creative by imagining, designing, implementing, and improving on their own ideas while collaborating with their classmates.

LEARNING CENTERS

Daily opportunities to participate in developmentally-appropriate activities that help children learn new skills or practice existing skills in a fun, engaging, and supportive learning environment.

CREATIVE ARTS

Preschoolers explore their environment by moving, touching, and experimenting with different types of materials to express ideas.

IMAGINATIVE PLAY

Preschoolers role-play and engage with one another learning social skills and cultural awareness. They develop cooperation and negotiation skills while sharing their ideas and experiences within their play.

INTERACTIVE READ

ALOUD Purposeful and planned story time encourages preschoolers to actively take part by asking and answering questions and making predictions.

S.T.E.A.M. ACTIVITIES

Preschoolers are inspired to become problem solvers as they explore, investigate, make observations, and join in open-ended creative experiences in science, technology, engineering, art, and math.



ENRICHMENT ACTIVITIES

Led by The Connection's specialty program instructors (all are included in fees) **Enrichment Activities are subject to change*

MONDAY: MUSIC & MOVEMENT

Energetic and musical activities help children express themselves creatively.

TUESDAY: SWIMMING

Children learn basic swim and water adjustment skills from trained instructors in small, level-appropriate classes. First Aid and CPR/AED Certified Lifeguards oversee swimmers to ensure the safety of all participants.

WEDNESDAY: GYM

Fun-filled tumbling activities that develop motor and coordination skills. Our staff members are USGA Safety Certified Gym Instructors.

THURSDAY: MUSICAL THEATER & YOGA

Children enjoy exploring the theater arts through games, stories and improvisation. Students will experience mindfulness, stretching and relaxation through yoga tailored to their age.

FRIDAY: JUNIOR WARRIOR

Specialized warrior challenge activities to help develop strength, balance and confidence.





PRESCHOOL PROGRAM
AGE 3-5 YEARS OLD

preschool@theconnectiononline.org
908-273-4242 X 112

All children must be 3 years old by October 1st and toilet trained. No pull ups are permitted.
The Connection Preschool Program is not licensed to provide diapering care.

APPLICANT INFORMATION:

Child's Name: _____ Gender: ___M ___F
Date of Birth: ___/___/___
Home Address: _____
City: _____ Zip: _____
Home phone #: _____

PARENT INFORMATION:

Primary Parent(s) or Guardian(s):
Name: _____ Name: _____
Relationship: _____ Relationship: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____
E-mail: _____ E-mail: _____

If your child has a caregiver, please list their contact information:

Name: _____
Phone #: _____

PLEASE CHECK THE DAYS/TIMES YOU WISH TO ENROLL YOUR CHILD (3 day minimum):

8:45am-12:30pm 8:45am-2:30pm
___M ___TU ___W ___TH ___F ___M ___TU ___W ___TH ___F

PHOTO RELEASE:

[] I DO give permission for my child's picture to be used for The Connection literature, social media, or website.
No personally identifiable information will be shared.

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: _____



**The Connection's Preschool Program
YEARLY PAYMENT AGREEMENT
2024-2025**

I understand that my child, _____ will be enrolled in:
The Connection's Preschool Program.

Starting in September, 2024 for _____ days a week, excluding school holidays. **A non-refundable deposit of \$200 and a Connection Membership fee of \$60 are due at the time of registration.** *I understand that 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 could jeopardize my child's place in the program.*

Signature: _____

PLEASE CHOOSE A PAYMENT OPTION

Option I: Payment in full

___ Enclosed is a check, payable to The Connection or

___ I authorize The Connection to use my charge credit card on file

___ Please call me to put a new card on file

Option II: Monthly payments (credit card only)

Please charge \$_____ to my credit card each month beginning in September.

___ I authorize The Connection to use my charge credit card on file

___ Please call me to put a new card on file

PLEASE MAIL/RETURN TO:

The Connection's Preschool Program, 79 Maple Street, Summit, NJ 07901

OR EMAIL FORMS TO:

preschool@theconnectiononline.org

Please do not mail or email credit card information.



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