



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

GUIA PARA AYUDA FINANCIERA (Para CUIDADO DE LOS NIÑOS - Año Académico 2024-2025)

Por favor, Antes de completar la aplicación lea las regulaciones

- La solicitud debe completarse en su totalidad y debe incluir todos los formularios que se enumeran a continuación. No se considerarán las solicitudes incompletas
- Se dará prioridad a los que entreguen la aplicación con el formulario de impuestos 1040 (debe tachar los números de Seguro Social). Segunda preferencia a los que entreguen los actuales recibos de sueldo para todos los adultos que están trabajando en la casa. Si la única documentación disponible es una carta de su empleador, la ayuda financiera será un 40%. Aplicaciones sin ninguna prueba de empleo o ingresos NO serán consideradas
- Se dará prioridad a los solicitantes por primera vez.
- Los solicitantes serán notificados sobre la asistencia financiera antes del 15 de abril de 2024.
- Devuelva su solicitud completa a la recepción o envíela por correo electrónico a scholarship@theconnectiononline.org.

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: _____

Aplicación de beca

Se requiere verificación de ingresos con la solicitud.
La primera preferencia es el formulario de impuestos 1040;
La segunda preferencia son los actuales recibos de sueldo.
Todas las preguntas deben ser contestadas en forma completa.
La información en esta solicitud es confidencial.

Fecha: _____

INFORMACIÓN DEL APLICANTE

Nombre completo: _____ Fecha de Nacimiento: _____

Dirección: _____

Número de teléfono: _____ Hombre Mujer

Dirección de correo electrónico: _____

Contacto de emergencia: _____ Número de teléfono: _____

LISTE A TODOS LOS RESIDENTES EN SU HOGAR:

Nombre	Relación (como padre, hijo...)	Fecha de Nacimiento:
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Número de adultos empleados: _____

INGRESOS DEL HOGAR:

** Adjunte su verificación de ingresos para cada adulto**** Si no tiene verificación de ingresos, incluya una carta de su empleador que verifique su empleo y salario.**

- Salarios \$ _____ per _____
- Pensión alimenticia \$ _____ per _____
- Asistencia Pública \$ _____ per _____
- Pensión \$ _____ per _____

¿Alguna vez ha recibido ayuda financiera de "The Connection"?

SÍ _____

NO _____

Enumere cualquier factor extraordinario (como dificultades o gastos médicos) que considere relevante para solicitar asistencia financiera:

Programa/clase deseada: (Límite de una clase por trimestre, por persona. Sujeto a disponibilidad.)

NOMBRE:	CLASE O PROGRAMA:	DÍA(S) DISPONIBLE:	TIEMPO PREFERIDO:

Si se aprueba su solicitud, las tarifas de membresía de Connection deben pagarse en su totalidad antes de que se complete el registro de su programa

Nombre de la fuente/agencia de referencia: _____

Estoy dispuesto a enviar una cotización o compartir mi experiencia en The Connection para utilizarla en forma impresa y en la web. Tenga en cuenta que solo se utilizarán los nombres y las citas pueden ser anónimas si se prefiere.

Firma del solicitante (padre / tutor si es menor de edad)

Fecha

Firma del solicitante

Fecha

For Connection Use Only:
Solo para uso de 'The Connection'

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 ___ 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!

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



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.



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THE CONNECTION FOR WOMEN AND FAMILIES WAIVER OF LIABILITY

Acknowledgement of Risk: I hereby acknowledge and agree that participation in The Connection for Women and Families (henceforth known as “The Connection” in this document) 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.

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.

CONSENT FOR SEX OFFENDER DATABASE SCREENING: By entering our facility or becoming a member of our center, you consent to being screened by the National Sex Offender Public Website (NSOPW) database. This search will check for any registered sex offenders in your name against the national database. This screening is a precautionary measure to maintain a safe environment for everyone at The Connection. Any information obtained during this process will be kept confidential and used solely for the purpose of ensuring safety.

By signing this waiver I agree to all terms for myself and all active family members on my account.

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.

Adult Member(s)/Participant(s) Name(s)

Child Member(s)/Participant(s) Name(s)

Signature

Date