



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](mailto:scholarship@theconnectiononline.org).

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### **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 \_\_\_\_\_

¿Si sí, cuándo?: \_\_\_\_\_

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

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**Programa deseado**

(Programas para jóvenes: una clase por trimestre por persona; Máximo 4 semanas de campamento de verano)

Programa 1: (Primera opción)

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(Segunda opción) \_\_\_\_\_

Programa 2: (Primera opción)

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(Segunda opción) \_\_\_\_\_

\*Si me inscribo en ESL: soy padre/abuelo/tutor de un estudiante actual de las Escuelas Públicas de Summit, NJ

SÍ \_\_\_\_\_

NO \_\_\_\_\_

**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**

**Fuente de referencia (opcional):** \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant // **Firma del solicitante**

\_\_\_\_\_  
**Fecha**

**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: \_\_\_\_\_

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-5<sup>th</sup> grade)**

**After School at The Connection (K-5<sup>th</sup> 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 1<sup>st</sup> 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](mailto: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 1<sup>st</sup> 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](http://TheConnectionOnline.org) | 908-273-4242



## SEPT 2024 - JUNE 2025 Before & After School Program

### \*Before School Care for K - 5<sup>th</sup> 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 - 5<sup>th</sup> grade, 3:00 - 6:00pm

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

### After School Program for K - 5<sup>th</sup> 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