



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

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 December 31 and toilet trained. No pull ups are permitted. The Connection Preschool program is not licensed to provide diapering care.

CONTACT US TO LEARN MORE!

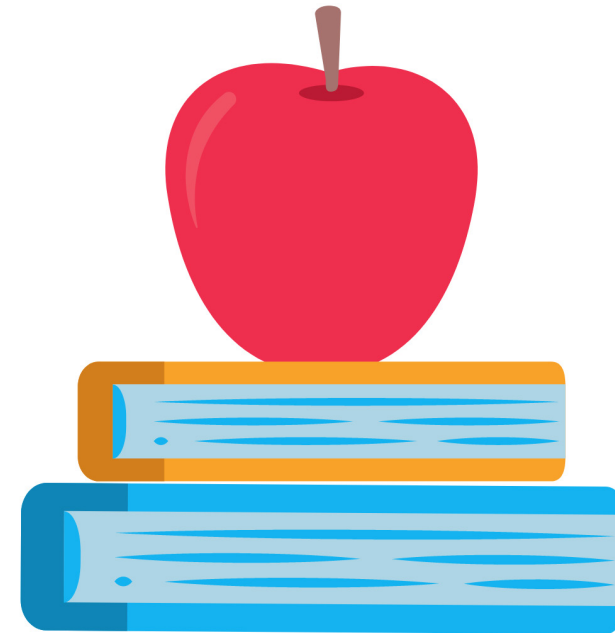
Kathleen Keane, Head Teacher

908.273.4242 ext. 112 | preschool@theconnectiononline.org



PRESCHOOL

NEW! We are expanding our program to add a 2nd classroom and now welcome children who turn 3 on or before Dec. 31, 2024 to join us for the 2024-2025 school year.



A CERTIFIED PRESCHOOL WITH A 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
preschool@theconnectiononline.org
908-273-4242 X 112

All children must be 3 years old by December 31st 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.



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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