



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Montclair School Age Child Care Financial Assistance Application

IMPORTANT INFORMATION

The attached financial assistance form applies to the School Age Child Care (SACC) Program for the school year 2018–2019. In order to qualify for a reduction in the monthly tuition, the parent or guardian must be employed and/or a full time student during the time care is being requested.

To apply for financial assistance:

- Complete both sides of this application
- Attach all required paperwork
(Proof of total household income, income tax return with child claimed as a dependent, W-2 form, and two current employment pay stubs or school enrollment papers).
- Complete a SACC registration form and submit with a non-refundable \$100. deposit per child. The deposit is applied toward the child's first month tuition.

Families submitting financial forms on or before August 15 will receive a letter by August 31 notifying of the amount awarded through financial assistance. The monthly balance minus the YMCA assistance is the responsibility of the family and will be due at the start of the program.

Forms submitted after August 15 will be processed according to the availability of funds.

Families must reapply each school year and submit updated documentation. Personal information is shredded after being processed and not kept on file.

Incomplete forms or applications submitted without the required attachments will not be processed.

Check Off Paperwork Attached:

- Completed Application (both sides) Signature and Date on Application
- Proof of Income Attached (pay stubs, unemployment, SSI, etc.)
- Proof of Residency Attached
- Income Tax Attached (child's name must appear as dependent) and W2**
- Written letter supporting request for assistance (optional)

RETURN ATTACHED FORMS TO: YMCA of Montclair, 25 Park Street, Montclair, NJ 07042
Attention: Dawn McFadden

Keep this page for your records!

Questions concerning financial assistance should be directed to Dawn McFadden at (973) 415-6113 or dmcfadden@montclairymca.org

June 2018



YMCA of MONTCLAIR
APPLICATION FORM FOR FINANCIAL ASSISTANCE
SCHOOL-AGE CHILD CARE PROGRAMS 2018 - 2019

IMPORTANT INFORMATION:

Completing this form DOES NOT register your child for the Program.

You must complete a 2018-2019 program registration form. In order to qualify for financial assistance in the SACC program, the parent/guardian must either be employed or a full-time student. This program is for children in need of care during before and/or after school hours.

RETURN ALL FORMS TO: YMCA of Montclair, 25 Park Street, Montclair, NJ 07042 Attention: Dawn McFadden

INSTRUCTIONS: *Please complete this application thoroughly and accurately. A copy of last year's Income Tax Return, W-2 form, two current pay stubs and proof of residency must be attached. The child(ren) for which you are requesting funds must be listed as a dependent on your income tax form. Incomplete forms will not be processed or considered for funding.*

GENERAL INFORMATION (Please Print Clearly):

Child's Name: _____ Birth Date: _____
School: _____ Grade: _____
Check program(s) requested for the child listed above by placing the number of days per week care is needed:
Before-School Care (number of days / week) _____ After-School Care (number of days /week) _____

Additional Child registering in the School Age Child Care Program:

Child's Name: _____ Birth Date: _____
School: _____ Grade: _____
Check program(s) requested for the child listed above by placing the number of days per week care is needed:
Before-School Care (number of days / week) _____ After-School Care (number of days /week) _____

FAMILY BACKGROUND INFORMATION

(must be completed on both parents – do not leave blank if parent (2) lives with or contributes to the care of the child)

Parent (1) / Guardian Name: _____

Address: _____
Street Town Zip

Home Phone: _____ Cell Phone: _____ Email address: _____

Employment Status (Current): unemployed part-time employed full-time employed
 Full-time student (proof from school must be attached)

Place of Employment: _____

Address: _____ Position: _____ Business Phone: _____

Parent (2) / Guardian Name: _____

Address: _____
Street Town Zip

Cell Phone: _____ Email address: _____

Parent (2) / Guardian information continued:

Employment Status (Current): unemployed part-time employed full-time employed
 Full-time student (proof from school must be attached)

Place of Employment: _____ Address: _____

Position: _____ Business Phone: _____

Complete all financial information below – upon completion please sign:

FINANCIAL INFORMATION - *Complete all questions:*

- Total annual income last year from all sources: \$ _____
Copy of 1040 Income Tax Return, W-2 Form and two current pay stubs must be attached.
The child(ren) for which funds are being requested must be listed as dependent(s).
- Total annual income for the household from all sources: \$ _____
- Total annual income anticipated this year from all sources: \$ _____
- Please attach a copy of any Custody Agreements or Financial Arrangements (if applicable).

Please attach any special information that you may wish to be considered with this application that may assist us in our determination process. Additional statements written by others (ie: teacher, clergy) may be submitted at your option. The School Age Child Care Program is designed for parents needing care during work hours. Parent/Guardian must be employed and/or attending school to be eligible for YMCA funding. If parent is requesting funding due to attending school during the extended care hours, please attach a copy of school schedule.

PAST INFORMATION:

Amount paid for Child Care during the past school year: \$ _____ (if applicable).

Have you been approved by the YMCA of Montclair for Child Care Financial Assistance in the past? Yes No

CURRENT REQUEST:

Amount of funds that you can contribute on a monthly basis for the upcoming year: \$ _____ per month per child

Will you be receiving financial assistance from other sources for child care such as NJ Cares for Kids, Programs for Parents, etc.? Yes No If yes, please list sources: _____

I certify that the information provided on this application is complete and true to the best of my knowledge. I understand that all accounts with the YMCA of Montclair must be cleared of all past due balances before a decision can be made on this application. Incomplete applications will not be processed.

I have attached the following documentation (check all that applies):

1040 income tax return (children on this request must be listed on return) and W2

Proof of residency

Two current pay stubs or parent school schedule

Written statement clarifying need (optional)

Parent / Guardian Signature

Date

FOR OFFICE USE ONLY:

Deposit Paid: _____

Date Received: _____

Scholarship Amount Awarded: BC _____ AC _____

Parent's Monthly Payment: _____

Total Amount Awarded: _____

Balance Due: _____