



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**YMCA of Montclair
APPLICATION FORM FOR FINANCIAL ASSISTANCE
SCHOOL AGE CHILD CARE PROGRAMS 2022-2023**

IMPORTANT INFORMATION:

Completing this form DOES NOT register your child for the SACC Program. You must register for the 2022-2023 program online. In order to qualify for financial assistance in the SACC Program, the parent/guardian must be employed or a full-time student. This program is for children in need of care during before and/or after school hours, and for virtual learning days (as applicable).

RETURN ALL FORMS TO: YMCA of Montclair, Attn: Rob Casale, 25 Park Street, Montclair, NJ 07042

INSTRUCTIONS: Please complete this application thoroughly and accurately. A copy of last year's 1040 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 nor considered for funding.

GENERAL INFORMATION (Please print clearly)

Child's Name:	Birthdate:
School:	Grade:
Check program(s) requested for the child listed above: <input checked="" type="checkbox"/> Before Care (7:45am-school starts) <input type="checkbox"/> After Care (Dismissal-6:00pm)	
Additional child registering in the School Age Child Care Program	
Child's Name:	Birthdate:
School:	Grade:

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/GUARDIAN 1

Name:	
Address (Street, Town, Zip):	
Home Phone:	Cell Phone:
E-mail address:	
Current Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time Employed <input type="checkbox"/> Full-time Employed <input type="checkbox"/> Full-time Student (proof from school must be attached)	
Place of Employment:	
Address:	
Position:	Business Phone:

PARENT/GUARDIAN 2

Name:	
Address (Street, Town, Zip):	
Home Phone:	Cell Phone:
E-mail address:	
Current Employment Status:	
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time Employed
<input type="checkbox"/> Full-time Employed	<input type="checkbox"/> Full-time Student (proof from school must be attached)
Place of Employment:	
Address:	
Position:	Business Phone:

FINANCIAL INFORMATION – Complete all questions:

Total annual income last year from all sources:	\$
Total annual income for the household from all sources:	\$
Total annual income anticipated this 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).

Please attach a copy of any Custody Agreements or Financial Arrangements (if applicable).

Please attach any special information you may wish to be considered with this application that may assist us in our determination process. Additional statements written by others (i.e. 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/guardian 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

CURRENT REQUEST:

Amount of funds 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.?
<input type="checkbox"/> Yes <input type="checkbox"/> 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 apply):

- 1040 Income Tax Return (children on this request must be listed on return)
- Proof of residency Two current pay stubs or parent/guardian school schedule
- Written statement clarifying need (optional)

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

Deposit paid:	Date received:	Amount Awarded: BC _____ AC _____
Parent's monthly payment:	Total amount awarded:	Balance due: