



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 2020-2021 school year. In order to qualify for a reduction in the monthly tuition, the parent/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, sign and date.
- Attach all required paperwork (proof of total household income, 1040 income tax return with child claimed as a dependent, W-2 form, and two current employment pay stubs or school enrollment papers).

Families submitting financial forms at the time of sign up will be notified via phone 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 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 is 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), sign and date
- Proof of income (pay stubs, unemployment, SSI, etc.)
- Proof of residency
- 1040 Income Tax (child's name must appear as dependent) and W-2
- Written letter supporting request for assistance (optional)

Return attached forms to:

YMCA of Montclair, Attn: Lisa Aulisi, 159 Glenridge Ave., Montclair, NJ 07042

Keep this page for your records. **DO NOT E-MAIL FINANCIAL INFORMATION.**

Questions concerning financial assistance should be directed to Lisa Aulisi at 973.415.6134 or laulisi@montclairymca.org

August 2020



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**YMCA of Montclair
 APPLICATION FORM FOR FINANCIAL ASSISTANCE
 SCHOOL AGE CHILD CARE PROGRAMS 2020-2021**

IMPORTANT INFORMATION:
 Completing this form DOES NOT register your child for the SACC Program.
 You must register for the 2020-2021 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: Lisa Aulisi, 159 Glenridge Ave., 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 type="checkbox"/> Remote School Day (7:45am-3:15pm)	<input type="checkbox"/> Remote Extended Day (7:45am-5:45pm)
<input type="checkbox"/> Hybrid School Day (7:45am-3:15pm)	<input type="checkbox"/> Hybrid Extended Day (7:45am-5:45pm)
<input type="checkbox"/> Before Care (7:45am-school starts)	<input type="checkbox"/> After Care (Dismissal-5:45pm)
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: