

Child Care Access Means Parents In School (CCAMPIS)

Program Application



The CCAMPIS program is a federally funded initiative to help student-parents complete their education. The William Paterson University Child Development center was awarded a CCAMPIS grant to provide subsidized support to eligible student-parents, including childcare. William Paterson Child Development Center offers full or half day care for children from ages 2 1/2 - years-old to 6 years old. (toddlers -kindergarten)

For more information please visit <https://www.wpunj.edu/coe/child-development-center>

Completing this application **DOES NOT** guarantee funding or enrollment in the Child Development Center.

| Applicant Information | | | | |
|---|--|----------------|--|-----------------------|
| Last Name | First Name | Middle Initial | NP# 855_____ | Semester Applying for |
| Email Address | | | | |
| Address | | | | |
| City | State | Zip | County | |
| Phone | | | | |
| Gender <input type="radio"/> Female <input type="radio"/> Male | Date of Birth (month/day/year) | | Citizenship <input type="radio"/> US Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Neither | |
| Ethnic Affiliation (check all that apply) | <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races <input type="checkbox"/> Native Hawaiian or other Pacific Islander | | | |
| Single Parent <input type="checkbox"/> YES <input type="checkbox"/> NO | Military Status <input type="checkbox"/> YES <input type="checkbox"/> NO Please check YES if the child for which you are requesting care has a parent/guardian on active duty in the uniformed services (as defined by 37 U.S.C. 101, in the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or the reserve component of any of the aforementioned services) | | | |
| FAFSA/Pell Grant Eligible: <input type="radio"/> Yes <input type="radio"/> No | | | | |

RETURN COMPLETED 5 page APPLICATION to The Child Development Center along with short written statement regarding how this program will help you to complete your education.

RETURN COMPLETED APPLICATION to the Child Development Center
In person: 1800 Valley Road Wayne NJ 07407
Via Email: gennarellic@wpunj.edu or millerj108@wpunj.edu

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| Childcare Information | | | | | |
|---|-------------------------------------|---|--|---------------|--------|
| Name of Child for which care is being requested | Last Name | First Name | Middle Initial | Date of Birth | Gender |
| Child 1 ⇒ | | | | | |
| Child 2 ⇒ | | | | | |
| | | | | | |
| Days of Care Requested (Check all that apply) 7:45- 5:00 | Monday | Tuesday | Wednesday | Thursday | Friday |
| Child 1 ⇒ | | | | | |
| Child 2 ⇒ | | | | | |
| | | | | | |
| Academic Information | | | | | |
| First Generation College Student? (neither parent holds a bachelor's degree or higher) <input type="checkbox"/> YES <input type="checkbox"/> NO | | Is this your first degree? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, what degree do you hold? _____ | | | |
| How many credit hours do you plan to complete during the semester for which you are applying for CCAMPIS? <input type="checkbox"/> 9-11 <input type="checkbox"/> 12 or more | What is your primary area of study? | What is your educational goal? <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Certificate <input type="checkbox"/> Earn credits to transfer | Which semester/year do you plan to complete your educational goal? Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter Year _____ | | |
| How do you plan to use your degree? | | | | | |
| Current GPA _____ | | | | | |

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How did you hear about the CCAMPIS program? (check all that apply)

- ☐ Another Student ☐ Child Development Center ☐ Flyer/poster on campus
☐ Facebook ☐ Twitter ☐ WPU Website ☐ Faculty/Staff member ☐ Childcare Innovations
☐ Student Success Center
☐ All campus email ☐ Other _____

Participant Agreement

PLEASE INITIAL THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING IF YOU ARE ACCEPTED INTO THE PROGRAM:

| | |
|---------|--|
| Initial | Maintain a minimum course load of 3 credit hours per semester (Fall/Spring), 3-credit hours in the summer. |
| | Meet at least once each semester with CCAMPIS Coordinator to discuss plans or a successful semester. |
| | Complete FAFSA in a timely manner each year. |
| | Applied for NJCK or NJ4CS |
| | Participate on parent education/engagement activities through the Child Development Center. |
| | Notify the Project Coordinator of any change in enrollment status |
| | If my course load decreases my subsidy may be reduced |
| | Not receiving a child care subsidy from another local, state or federal program |
| | Meet with Child Development Center staff at least once per semester to discuss enrollment |
| | I understand that my child's spot is reserved for students with CCAMPIS eligibility and if I become ineligible for any reason, I may need to make different arrangements for child care. |
| | Request for a change in my child's schedule must be made in writing at least one month in advance. |

Next Steps

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Your application will be reviewed by the CCAMPIS Advisory committee and evaluated bases on need academic merit. If approved, your application will be forwarded to the Coordinator for a brief interview. Enrollment of your child will depend on space available at The Child Development Center. Perference for enrollment will be given to military-related families, then student-parents enrolled at William Paterson Child Development Center. If you have any questions regarding this application or your status, please contact Cindy Gennarelli at gennarellic@wpunj.edu or Jorrdin Miller at millerj108@wpunj.edu.

By signing below, I confirm that the information I have provided to determine my eligibility to receive funding through the William Paterson CCAMPIS program is accurate. i understand that providing false information will result in repayment of money for services which I am not entitled.

Student's Signature _____ Date _____

PLEASE ATTACH:

- ☐ Class schedule
- ☐ A sentence or two about your academic and professional goals
- ☐ Emailed statement explaining how financing childcare has been barrier to your educational goals.
Mail statement to gennarellic@wpunj.edu or millerj108@wpunj.edu

If you are a returning CCAMPIS student we do not need the typed statements.

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CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

| PLEASE PRINT | | | | | | | |
|--|-----------|---|-------------|--|-------------|-------|-------------|
| Last Name | | | | First Name | | | |
| WP Student ID # | | | | Birth Date | | | |
| **** STOP! BELOW TO BE COMPLETED BY FINANCIAL AID DEPARTMENT **** | | | | | | | |
| <p>Dear WP Financial Aid Officer:</p> <p>The above student has applied for the CCAMPIS program to receive child care assistance. Please complete the financial information below to assist with determining eligibility. Thank you in advance for your prompt cooperation.</p> | | | | | | | |
| Anticipated credit hours: | Fall Term | | Winter Term | | Spring Term | | Summer Term |
| Student is eligible for Federal Pell Grant: | | YES: Indicate Annual Amount: \$ <div style="text-align: right;">NO</div> | | | | | |
| Student's total cost of attendance for academic year: | | | | Student's unmet need for academic year: | | | |
| \$ | | | | \$ | | | |
| Academic Standing: | | | | Degree Seeking: | | | |
| FA Officer Initials: | | | Ext. | | | Date: | |

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