# 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 Bergen Community College Child Development Center was awarded a CCAMPIS grant to provide subsidized support to eligible student-parents, including childcare. The Children Development Center offers full or half day care for children from ages 2½-years-old to 5-years-old.

For more information please visit https://bergen.edu/community/child-development-center.

Completing this application **DOES NOT** guarantee funding or enrollment in The Children Development Center.

☐New CCAMPIS Applicant                                    ☐Returning CCAMPIS Applicant

| Applicant Information | | | | |
|---|---|---|---|---|
| Last Name | First Name | Middle Initial | **BBC ID #:** | Semester Applying for (ex. Spring 2014) **o Fulltime** **o Parttime** |
| Address ✉ | | | | |
| City | State | Zip | County | |
| Phone ☎ | | Bergen Community College Student Email Address | | |
| Gender<br>o   Female<br>o   Male | Date of Birth (month/day/year) | | Citizenship<br>        o    US Citizen<br>        o    Permanent Resident<br>        o    Neither | |
| Ethnic Affiliation (check all that apply) | ☐Hispanic   ☐Black or African-American   ☐ White, non-Hispanic<br><br>☐ American Indian or Alaska Native   ☐ Asian<br><br>☐ Native Hawaiian or other Pacific Islander<br><br>☐ Two or more races | | | |
| Single Parent      ☐ YES    ☐ NO | Military Status       ☐ YES        ☐ NO | | | |
| FAFSA/Pell Grant Eligible:<br><br>O Yes<br>O 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) | | | |

**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.**

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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) Care is offered Mon-Fri 7:30am – 5:30 pm | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| Child 1 ⇨ | | | | | |
| Child 2 ⇨ | | | | | |

## Academic Information

| First Generation College Student? (neither parent holds a bachelor's degree or higher) ☐ YES ☐ NO | Is this your first degree? ☐ YES ☐ NO <br><br> 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? <br><br> ☐ 3 (SUMMER ONLY) <br> ☐ 6 (SUMMER ONLY) <br> ☐ 9-11 <br> ☐ 12 or more | What is your primary area of study? | What is your educational goal? <br><br> ☐ AA, AS, AAS, AGS <br> ☐ Certificate <br> ☐ Earn credits to transfer | Which semester/year do you plan to complete your educational goal? <br><br> Semester ☐ Fall ☐ Spring ☐ Summer <br><br> Year _____ |
| How do you plan to use your degree? <br><br><br> Current GPA _____ | | | |

**RETURN COMPLETED APPLICATION TO The Child Development Center**

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| How did you hear about the CCAMPIS program? (check all that apply) |
|---|
| ☐ Another Student ☐Children Development Center ☐ Flyer/poster on campus ☐BCC Website |
| ☐ Facebook ☐ Twitter ☐Financial aid ☐ Faculty/Staff member ☐Student Success Center |
| ☐ All campus email ☐ Other _____ |

| Participant Agreement |
|---|

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

| Initial | |
|---|---|
| | Maintain a minimum course load of 9-credit hours per semester (fall/spring), 3-credit hours in the summer. |
| | Meet at least once each semester with the CCAMPIS Coordinator to discuss plans for a successful semester . |
| | Maintain good academic standing (67% completion of credits attempted, 2.0 GPA or higher) |
| | Complete FAFSA in a timely manner each year. |
| | Applied for NJCK |
| | Participate in parent education/engagement activities through the Child Development Center. |
| | Notify the Project Coordinator of any change in enrollment status. |
| | If my course load decreases mid-month my subsidy will be reduced for the full month. |
| | Not receiving a child care subsidy from another local, state or federal program . |
| | Meet with Children 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 based on need and 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 Child Development Center.** Preference for enrollment will be given to military-related families, then student-parents enrolled in 12 or more credit hours at BCC.  If you have any questions regarding this application or your status, please contact Lark Lo-Sontag or by email llo@bergen.edu

By signing below, I confirm that the information I have provided to determine my eligibility to receive

funding through the Bergen Community College 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 a barrier to your educational goals.
   Mail statement to llo@bergen.edu.

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

**RETURN COMPLETED APPLICATION TO The Child Development Center**

# Child Care Access Means Parents In School (CCAMPIS)
## Program Application

**Bergen** COMMUNITY COLLEGE

## CHILD CARE ACCESS MEANS PARENTS IN SCHOOL

| **PLEASE PRINT** | | | |
|---|---|---|---|
| Last Name | | First Name | |
| BCCID # | | Birth Date | |

### **** STOP! BELOW TO BE COMPLETED BY FINANCIAL AID DEPARTMENT ****

Dear BCC Financial Aid Officer:

The above student has applied for the CCAMPIS program to receive child care assistance for **20/21 year.** Please complete the financial information below to assist with determining eligibility. Thank you in advance for your prompt cooperation.

| Anticipated credit hours: | Fall Term | | Spring Term | | Summer Term | |
|---|---|---|---|---|---|---|
| Student is eligible for Federal Pell Grant: | | YES: Indicate Annual Amount: $ | | | NO | |

| 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: | |
|---|---|---|---|---|---|

Financial AID VERIFICATION FORM

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