



Early Childhood Demonstration Center CCAMPIS Evening Care Application

The Rowan Child Care Access Means Parents in School (CCAMPIS) Program is designed to help student-parents finish their degrees by increasing their access to high-quality early childhood education and college student supports. Rowan University students with children ages 2.5-6 years old may qualify for free or discounted tuition at the Rowan University Early Childhood Demonstration Center through participation in the CCAMPIS program.

About CCAMPIS Evening Care

- Evening Care is offered Monday through Thursday from 5:45 PM to 9:30 PM.
- Evening Care is open to children who are 2.5 to 6 years old and potty-trained.
- The regular cost of Evening Care is \$25 per hour per child.
- Enrollment is for one semester at a time.
- Parents must remain on campus while their child is in Evening Care.
- Admission for Evening Care is on a “first come, first serve” basis of those who qualify, are accepted, and complete CCAMPIS and ECDC enrollment paperwork by the dates requested.
- ECDC does not offer any type of drop-in care. If your child is enrolled in Evening Care, we expect



Eligibility and Requirements

Eligibility for free Evening Care:

- Undergraduate students must be Pell Grant eligible or Pell Grant Recipients. A FAFSA must be on file with the Office of Financial Aid.
- Graduate students may be eligible pending verification of Expected Family Contribution.
- Maintain the following credits towards your degree:
Undergraduate: 6 credits per semester
Graduate: 3 credits per semester

If accepted into the program, Applicants are required to:

- Attend one orientation each academic year.
- Attend at least one Student Parent Support Group meeting or CCAMPIS workshop each semester.
- Complete annual CCAMPIS survey.
- Complete post-graduation survey after graduating from your program.

Part 1: Applicant Information

Rowan University Student Information

Applicant Name (Parent/Guardian)		Date of Birth	Banner ID
Address (Current & Permanent, if applicable)			
University Email Address		Phone Number	
Major(s)	Status: Circle One Undergraduate Masters	Expected Graduation Date (mm/yy)	Current GPA
	PhD/Ed.D Professional	Circle One: Full Time	Part Time

Demographic Information

Gender:	Race/Ethnicity:	Military Status:	Number of Children (under 18) in Household
Household Status: Married Not Married and Dependent on Parent(s) Not Married and Independent			Number of Adults (over 18) in Household
Do you rent, own, or rely on other family members for housing?			
Are you the first to attend a 4 year university in your family?	Additional Information/ Explanations:		

Child Information

Child Name	Date of Birth	Currently Enrolled at the ECDC?	Requested Evening Care Schedule <table border="1"> <tr><td></td><td>M</td><td>T</td><td>W</td><td>R</td></tr> <tr><td>Drop Off</td><td></td><td></td><td></td><td></td></tr> <tr><td>Pick Up</td><td></td><td></td><td></td><td></td></tr> </table>		M	T	W	R	Drop Off					Pick Up					Schedule requests are based upon availability
	M	T	W	R															
Drop Off																			
Pick Up																			
Child Name	Date of Birth	Currently Enrolled at the ECDC?	Requested Evening Care Schedule <table border="1"> <tr><td></td><td>M</td><td>T</td><td>W</td><td>R</td></tr> <tr><td>Drop Off</td><td></td><td></td><td></td><td></td></tr> <tr><td>Pick Up</td><td></td><td></td><td></td><td></td></tr> </table>		M	T	W	R	Drop Off					Pick Up					
	M	T	W	R															
Drop Off																			
Pick Up																			
<input type="checkbox"/> Additional children on the back of this form.																			
Upon acceptance, you will receive additional ECDC enrollment paperwork for each child in the program.																			

Financial Information

Are you or will you be employed during the academic year?	If yes, who is your employer?	Work hours per week:	Income from work \$ _____/year
If married or living w/ other parent of children enrolled in program, is s/he working? Yes / No	Employer of spouse/partner:	Work hours per week:	Spouse/partner income from work \$ _____/year
If not married or living with the other parent of your child, do you receive any financial support from them? Yes / No If yes, \$ _____/ year/ month/ week		Is your spouse /partner also a student? Yes / No If yes, where?	
Are you currently or have you ever received child care subsidies from the state of NJ or elsewhere? (eChildCare, Rutgers, CCRR, etc.) Yes / No If yes, where?			
Have you applied for financial aid for this year? Yes / No	Are you Pell Grant eligible? Yes / No	Are you currently receiving a Pell Grant? Yes / No	

With your application, please include:

- A copy of your academic schedule for the requested semester & your Financial Aid documentation

Part 3: Reason for Application

Please select all that apply. For data purposes only. Answers **do not** affect eligibility for the CCAMPIS program.

CCAMPIS Financial assistance for child care will allow me to:

- | | |
|---|---|
| <input type="checkbox"/> attend class. | <input type="checkbox"/> obtain tutoring assistance. |
| <input type="checkbox"/> take earlier classes. | <input type="checkbox"/> obtain advising or counseling support. |
| <input type="checkbox"/> have additional study time. | <input type="checkbox"/> spend more time in the library/computer lab. |
| <input type="checkbox"/> participate in group study projects or meetings. | <input type="checkbox"/> take later classes. |
| <input type="checkbox"/> other: | |

How significant will CCAMPIS financial assistance be in enabling you to complete your degree?

Extremely Important

Important

Helpful

Not Important

Not Helpful

**Part 4: Consent**

Please initial that you have read, understood, and agreed to each of the following:

_____ I understand that the goal of CCAMPIS is to assist me with child care expenses so that I can persist in my degree program.

_____ I understand that CCAMPIS funding is based on availability and, once awarded, is subject to ongoing review.

_____ I agree to contact the CCAMPIS Program Coordinator if I fall below required enrollment status or my financial status changes during any semester.

_____ I agree to participate in annual and post-graduate surveys conducted by the Rowan CCAMPIS Program pertaining to program evaluation including, but not limited to, my employment, income, and quality of care and services.

_____ I understand that aggregate information, but no personal information, will be shared with the Department of Higher Education in Washington DC, which funds this program.

_____ I give my permission for the Rowan CCAMPIS Program to communicate with the Office of Financial Aid regarding my financial or familial information.

_____ I understand that I must attend annual orientation and at least one Student Parent Support Group meeting or CCAMPIS workshop each semester as part of my participation in the Rowan CCAMPIS program.

_____ I understand that the Rowan University Early Childhood Demonstration Center has additional policies and procedures and it is my responsibility to adhere to them.

My signature on this application indicates my willingness to fully participate in the Rowan CCAMPIS Program. I understand that if I do not meet the program requirements by the given due dates, I will NOT receive CCAMPIS funds and will pay my child care center balance. I certify that all answers given herein are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____