

For Office Use Only Date
Received: ___/___/___
Income Verification _____ Report
Card/Testing _____ Deposit
_____ Complete _____



SUCCEED2GETHER
BUILDING OUR FUTURE. ONE CHILD AT A TIME

For Office Use Only
Full-Day _____
Morning Academy Only _____
Morning Academy (+) _____

Summer Enrichment Academy Application

This program is for students who are entering grades 1 through 9

July 5, 2016 – August 1, 2017

Monday – Thursday

Location: 11 Pine Street, Montclair, NJ 07042

Application and Documentation Due by June 26th, 2017

Child's Name _____ Date of Birth _____ Grade Completed _____
First Last

Child's email _____ Child's Cell # _____

Parent /guardian _____ Email _____
First Last

Address _____
Street Apt./Fl.

City _____ State _____ Zip Code _____

Home Tel. # _____ Bus.# _____ Cell# _____

* Circle the best way to contact you in the event of emergency or a last minute schedule change *

Emergency Contact _____
Name Home Phone # Cell #

Registration Fee of \$50 for 1 child, \$75 for 2 children and \$100 for 3 or more children is required before an application will be processed.

Income Verification/Documentation: REQUIRED TO PARTICIPATE in the PROGRAM: * Everyone must submit current documentation even if your child currently participates in the after-school tutoring program.

Total number of persons in household _____ Total household annual gross income _____**

Please provide a copy of one of the following: income tax return, W-2 or 1099. We cannot process your application without the income verification documents.

*** Our grantors require income verification. All personal information is kept strictly confidential.**

****Include income from wages, public assistance, child support, alimony, pensions, retirement, SSI and unemployment from all in the household.**



➤ **Areas of Demonstrated Academic Need:**

math____ reading comprehension____ reading fluency____ writing____ vocabulary____

What we should know about your child’s study skills and interest _____

- **Attach a copy of your child’s most recent report card, assessment test results and IEP if applicable.**
- **My child will is available to participate in the full 4 week session.** Yes No (circle one)

Policies

1. **Two unexcused absences will result in ineligibility to participate in this summer program. If your child is unable to attend due to illness, you must call 973-746-0553 or email info@succeed2gether.org by 8 AM the day of the session in order to avoid incurring an unexcused absence.**
2. **Respect for others and property must be adhered to. If your child violates this code of behavior, you will be notified and a meeting scheduled with you, your child, and the Program Manager.**
3. **No electronic equipment will be allowed during program activities. At check-in, electronic devices will be placed in a secure location and returned during check-out at the end of the day.**
4. **Students must wear their name tags at all times. Students will receive their name tag at daily check-in and return their name tag at daily check-out.**
5. **The student must be on time. The program begins promptly at 9:00 AM. We will be open for student arrival beginning at 8:45 AM. Persistent tardiness will result in a warning to the parent/guardian and may lead to expulsion from the program.**
6. **The program ends promptly at 3:00 PM. For morning academy students only, dismissal is promptly at 12:30 pm. You must make arrangements to pick your child up at 3:00 PM. Succeed2gether is not responsible for transportation to and from the program.**
7. **In case of an emergency contact us at 973-746-0553, 973-558-1283, or 201-247-4668.**
8. **Appropriate clothing is required. While we understand that it is summer, this program is designed to be a fun and safe learning experience. No flip flops, no halter tops, no bare midriffs, and no skimpy shorts are allowed.**
9. **For a \$15 per hour we will provide before care at 8:00 AM or extended care from 3:00 PM to 5:00 PM. This fee will be paid prior to service.**

This application is an acknowledgement of your child’s participation in the Succeed2gether Summer Enrichment Program. By signing this application you are authorizing and giving permission for your child to participate in our program. Adding your initials will give us permission to contact your child’s teachers to discuss appropriate curriculum for your child.

Parent/Guardian
Signature _____ Date _____

Parent/Guardian
(print name) _____ Initials _____



This information is for statistical purposes only. Please identify the person receiving service in one of the categories below.

Name of person receiving service _____

RACE	Hispanic or Latino A	Non-Hispanic or Non-Latino B	
White			1
Black/African-American			2
Asian			3
American Indian/Alaskan Native			4
Native Hawaiian/Other Pacific Islander			5
American Indian/Alaskan Native & White			6
Asian & White			7
Black/African-American & White			8
American Indian/Alaskan Native & Black/African-American			9
Other Multi-Racial			10



Activity Agreement/Release

Thank you for registering _____ for Succeed2gether’s 2017 Summer Enrichment Program
Print child’s name

Release Agreement

I hereby authorize my child to participate in all of the program activities including but not limited to: dancing, yoga, physical games, walking and swimming. I attest that my child is physically fit for the activities and absolve Succeed2gether and all personal, paid or volunteer staff, of all present and future liability in the event of accident or injury.

- In the event of accident or sudden illness, I authorize Succeed2gether to arrange for medical care for my child if neither parent / guardian or emergency contact is available. _____
initial
- Further, I hereby grant full permission to Succeed2gether to use any photographs, videotapes or recordings of my child participating in Succeed2gether’s Summer Enrichment Program for publicity purposes or on its website. _____
initial
- My child may walk home at the end of the program day (3:00 p.m.) Yes No
- My child will be picked up at the end of the program day. List others authorized to take your child home.
 - 1.
 - 2.
 - 3.

Medical Release

My child may take Ibuprofen / Acetaminophen for the relief of pain or headache. Yes No

My child may have antibiotic ointment over a cleaned scrape/cut. Yes No

List any known allergies, illnesses, conditions, or specific needs requiring accommodations:

Parent/Guardian Signature _____ Date _____

Parent/Guardian printed name _____



Summer Enrichment Program Policies
Parent/Guardian Copy
Policies

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