



## After-School / Weekend Workshops Fall / Spring 20\_\_\_\_

**MANDATORY ATTENDANCE IN ALL SESSIONS REQUIRED**

Child's Name \_\_\_\_\_ Child's Grade \_\_\_\_\_ Boy / Girl  
First Last Circle

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 weather conditions result in a last minute schedule change \*

Emergency Contact \_\_\_\_\_  
Name Home Phone # Cell #

Why are you interested in this workshop?

---

---

---

Describe any academic, behavioral or social issues that affect your child's ability to learn

---

---

**Check each class your child would like to be registered in**

Math FUNdamentals (Gr. 3 -5)\_\_\_\_ Pre-Algebra (Gr. 6 -8)\_\_\_\_ Writing FUNdamentals I (Gr.3-5) \_\_\_\_

Writing FUNdamentals II (Gr. 6-8) \_\_\_\_ Coding & Game Design (Gr. 6-8)\_\_\_\_ Suzuki Violin (Gr. 6-8) \_\_\_\_



*Building the future, one child at a time*

**Income Verification**

**Total number of Persons in household** \_\_\_\_\_

**TOTAL\* annual household income** \_\_\_\_\_

**\*Include income from wages, welfare, child support, alimony, pensions, retirement, SSI and unemployment. Return the form to [info@succeed2gether.org](mailto:info@succeed2gether.org) or mail to Succeed2gether, PO Box 1355 Montclair, NJ 07042**

**Required information to be in compliance with our grantors from those receiving services from Succeed2gether to supply statistics only.**

**Directions:** Please **list all people and their income, living in the household** of the person receiving service and **include all documentation** for those people.

Name of person receiving service \_\_\_\_\_  
(PRINT)

Address \_\_\_\_\_  
STREET CITY ZIP CODE

Household size (include all persons who reside at above address) \_\_\_\_\_

**List All by name residing at above address (including person above):**

Name	Age of children	Relationship in household	Income*



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

**Name of person receiving**  
**service** \_\_\_\_\_

<b>RACE</b>	<b>Hispanic or Latino A</b>	<b>Non-Hispanic or Non-Latino B</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