**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Describe any academic, behavioral or social issues that affect your child’s ability to learn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Math FUNdamentals\_\_\_\_ Algebra Readiness\_\_\_ Algebra\_\_\_\_**

**Writing FUNdamentals\_\_\_ Elocution\_\_\_\_ Coding & Game Design\_\_\_ Suzuki Violin \_\_\_**

**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** **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\***

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

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

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| --- | --- | --- | --- |
| **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 |