

For Office Use Only

Date Received:

___/___/___

Income Verification _____

Payment _____

Complete _____



SUCCEED2GETHER
BUILDING OUR FUTURE. ONE CHILD AT A TIME

Summer Weekly Workshops Application

This program is for students who are entering grades 1 – rising college freshman

June 24th - August 22nd

Monday – Thursday

See [www.succeed2gether](http://www.succeed2gether.com) for full details

Locations: 11 Pine Street, Montclair and the Montclair Public Library

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 *

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Emergency Contact _____
Name Home Phone # Cell #

Registration Fee – Each weekly session is \$10. One day courses are \$5. Sliding-scale fee for those above low income.

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.



Policies

1. One unexcused absence will result in ineligibility to participate in that class. 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 for personal and public 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.
5. The student must be on time. The program begins promptly at the scheduled time. We will be open 15 minutes prior to a scheduled session for student arrival. Two tardies will result in a warning to the parent/guardian and may lead to expulsion from the class.
6. The program ends promptly at the scheduled time. You must make arrangements to pick your child up at the end of the session. Succeed2gether is not responsible for transportation to and from the program.
7. In case of an emergency contact us at 973-746-0553 or 973-558-1283.
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, no skimpy shorts, no hanging pants, and no bare chests will be allowed.

This application is an acknowledgement of your child's participation in Succeed2gether's Summer Workshop Modules. By signing this application you are authorizing and giving permission for your child to participate in our program.

Parent/Guardian
Signature _____

Date _____

Parent/Guardian
(print name)

Classes are filled according to first-come, first-served and based on completion of the application. Return the completed application, registration fee, and documents to info@succeed2gether.org or mail to Succeed2gether, P.O. Box 1355, Montclair, NJ 07042. Complete one application for each child.



Summer Workshop Modules

Check the box(s) to register

- College Transition** – June 17th, 7:00 – 9:00 PM – Rising HS Jr., S & college F
- College Essay Writing** – July, day/ time TBD - 3Hrs., Rising HS Jr. & S, with edit day
- Pup Quest (phonics) Part I** – June 24th, 25th, 26th, 27th, 4:30-5:30 – Rising 1st – 3rd gr.
- Pup Quest Part II** – August 19th, 20th, 21st, 22nd, 4:30 – 5:30 PM
- Math /LA /Book Buddy** - July 8th, 9th, 10th, 11th, 10:30 AM – 1:00 PM – Rising 1st – 3rd
- Spoken Word Poetry** – July 8th, 9th, 10th, 11th, 10:00 – 12:00 AM – Rising 7th – 9th gr.
- Video Game Animation** – July 8 -11, 10:00 – 12:00, Rising 4th – 6th gr.
- App Design, Robotics & Drones** – July 8 -11, 1:00 – 3:00 PM, Rising 6th- 9th gr.
- Word Play-** July 15th, 16th, 17th, 18th, 1:00 – 2:30 PM - Rising 4th – 6th gr.
- STEM Club** – July 22nd, 23rd, 24th, 25th, 1:000 – 2:30 PM – Rising 4th – 6th gr. **girls**
- Creative Writing** – July 22nd, 23rd, 24th, 25th, 1:00 – 3:00 PM – Rising 7th – 9th gr.
- Laptop UpCycle** – one 3 hr. class date / time TBD (\$20 additional material cost)
- Robotics Demo Day** – one 3hr class or 4 days with topics date / time TBD
- Chess** – July week/time TBD - Rising 3rd – 9th gr.

What should we know about your child's learning style and interests _____

Check the website for more offerings and details

Mail to: Succeed2gether, P.O. Box 1355, Montclair, NJ 07042

Fees: Weekly classes - \$10. One-day classes - \$5 for those who qualify. For more information about registration and sliding scale fees contact us at 973-746-0553 or email info@succeed2gether.org. Visit our website: succeed2gether.org.



Household income verification from those receiving services is required for statistical purposes only, to be in compliance with our grantors.

Directions: Please list all people and their income living in the household. Provide income verification.

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 for our grantor's. 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 2019 Summer Workshop Modules.
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 and walking.

- I attest that my child is physically fit for any of the activities he/she is registered for and absolve Succeed2gether and all personal, paid or volunteer staff, of all present and future liability in the event of accident or injury. _____
initial
- Further, I hereby grant full permission to Succeed2gether to use any photographs, videotapes or recordings of my child participating in Succeed2gether’s Summer Workshop Module Programs for publicity purposes or on its website. _____
initial
- My child may walk home at the end of the program day - 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 _____



Policy Notifications & Procedures

I _____ have received or been notified about the following policies.
Print Name

- ❖ Policy on the release of Children _____
Initial
- ❖ Care giver documentation if other than parent(s) _____
Initial
- ❖ Policy on the use of technology and social media _____ (Write policy)
Initial
- ❖ Policy on Communicable diseases _____
Initial
- ❖ Parental notification methods _____
Initial
- ❖ Information to Parents Letter _____
Initial
- ❖ Expulsion Policy _____
Initial
- ❖ Discipline Policy _____
Initial

- ❖ 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

- ❖ Employer Information – Parent 1 - _____ Phone# _____
- ❖ Employer Information – Parent 2 - _____ Phone# _____

- ❖ Primary Health care providers name _____ Phone# _____

- ❖ Dentist's name _____ Phone# _____