

**For Office Use Only**

Date Received:

\_\_\_/\_\_\_/\_\_\_

Income Verification \_\_\_\_\_

Payment \_\_\_\_\_

Complete \_\_\_\_\_

**Enrichment Application**

Begins week of January 19th, 2021

**Monday – Friday**

**3:00 - 4:00 and 4:30 - 5:30 p.m.\***

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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
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 #

**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.



## Module Program Policies

### Please keep this copy

1. **For liability purposes**, all virtual classes will be recorded and monitored by S2G staff and/or volunteers.
2. Families/students should not communicate via email, text messages, phone calls, or other methods with teachers at any time. If communication outside of a Zoom session is necessary the message will be relayed via Succeed2gether.
3. **Students must be on time.** Students should join the meeting fifteen minutes before the class starts with all materials and chargers prepared. Classes will begin and end on time, so that we may fit in all of our online classes.
4. **Due to the privacy of participating children and families**, please make sure your screen is not visible to anyone else except parents/guardians while monitoring sessions.
5. **Students must be respectful during classes.** Students should pay close attention to the green square that highlights a person's screen. It shows who is speaking, please do not speak when someone else is speaking. If you have a question or need to interrupt, please raise your hand.
  - a. Each student is required to be respectful of not only themselves but everyone around them. Students will respect everyone enrolled in the summer program.
  - b. There is a ZERO TOLERANCE policy for bullying. Bullying other student(s) will result in removal from the situation and a phone call to parents/guardians by Succeed2gether Administrator. Removal from the summer module program will be made by the Summer Administrator with final approval of the Executive Director.
  - c. Students will use appropriate language at all times. Students who choose to use foul language will be disciplined accordingly. Reports of inappropriate language or behavior will result in a review of the class recording by the Executive Director. Appropriate action will be determined post review.
6. For grant purposes, all applicants must provide income verification, a most recent report card and standardized test result (if available to parents).
7. **Please inform us as soon as you are aware of a scheduling conflict.** If your child is unable to attend the scheduled class, **call (973-746-0553), (973-558-1283), or email [info@succeed2gether.org](mailto:info@succeed2gether.org) at least two hours in advance** or as soon as possible.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian  
(print name) \_\_\_\_\_

Classes are filled according to first-come, first-served and based on completion of the application. Priority will be given to low-income applicants. Return the completed application, registration fee, and documents to [info@succeed2gether.org](mailto:info@succeed2gether.org) or mail to Succeed2gether, P.O. Box 1355, Montclair, NJ 07042. Complete one application for each child.



Student Name: \_\_\_\_\_

## Weekly Modules

### **Monday's - Begins January 25th**

**Health & Wellness** - 3:00 p.m. - 4:00 p.m. - 13 years old through adults - **4 sessions**

**Creative Writing** - 4:30 p.m. - 5:30 a.m. - 7th - 12th graders - **4 sessions**

### **Tuesday's**

**African Drumming** - 3:00 p.m. - 4:00 p.m. - 3rd - 5th graders - **8 sessions**

**Creative writing** - 4:30 p.m. - 5:00 p.m. - 7th - 9th graders

### **Wednesday's**

**Polar Scientists** - 4:30 p.m. - 6:00 p.m. - 6th - 9th graders - **5 sessions**

### **Thursday's**

**Violin** - **3:00 p.m.** - 4:00 p.m. - 4th - 7th graders - **6 sessions**

**ELA** - **4:30 p.m.** - 5:30 p.m. - 2nd - 4th graders

### **Friday's**

**Mountainside Family Practice** - 4:00 p.m. - 5:00 p.m. - **Family Event January 22nd**





**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** \_\_\_\_\_

<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

### Activity Agreement/Release

Thank you for registering \_\_\_\_\_ for Succeed2gether’s 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 and walking.

- I hereby grant full permission to Succeed2gether for the use any photographs, videotaping or recordings of my child participating in Succeed2gether’s virtual Enrichment Programs for publicity purposes or on its website. \_\_\_\_\_  
initial

My child will be monitored at home while on the Zoom session - Yes No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian printed name \_\_\_\_\_



SUCCEED2GETHER  
BUILDING OUR FUTURE. ONE CHILD AT A TIME