

**For Office Use Only**

Date Received:

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

Income Verification \_\_\_

Payment \_\_\_

Complete \_\_\_



**SUCCEED2GETHER**  
BUILDING OUR FUTURE. ONE CHILD AT A TIME

**2021-2022**

**One-on-One Tutoring September 27 - May 2022**

**Monday – Thursday**

**Enrichment Classes-**

**Begins week of October 4th**

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

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
First Last

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 income verification documentation.**

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

Total number of persons in the household \_\_\_\_\_ Total household annual gross income\*\* \_\_\_\_\_

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

Return the completed application, 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.



## Module Program Policies

1. **For liability purposes**, all virtual classes will be recorded and monitored by S2G staff and/or volunteers.
2. If your child is unable to attend a virtual or in person class please inform us immediately by phone (973-746-0553) or email [info@succeed2gether.org](mailto:info@succeed2gether.org).
3. Families / and students should not communicate via email, text messages, phone calls, or other methods with teachers at any time. If communication outside of a class or Zoom session is necessary the message will be relayed via Succeed2gether.
4. **Students must be on time.** For virtual classes 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. For in person classes students should promptly arrive for the scheduled session. The in person sessions will cease at the end of the scheduled hour. We will follow CDC and WHO and the NJ department for child care licensing for all COVID-19 precautions.
5. **Privacy of participating children and families with virtual classes will be respected** by the monitor. To protect your families privacy do your best to ensure your child's screen is only visible to them.
6. **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 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 a Succeed2gether Administrator. Removal from the program will be made by the Administrator with final approval of the Executive Director.
  - c. Students will use appropriate language at all times. Students who choose to use foul language or inappropriate behavior will result in a review of the class recording by the Executive Director. Appropriate action will be determined post review.
7. For grant purposes, all applicants must provide income verification.
8. **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) as soon as you are aware of a conflict.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

(print name) \_\_\_\_\_

Classes are filled as first-come, first-served and based on completion of the application. Priority will be given to low-income applicants Return the completed application, 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.



## Activity Agreement/Release

Thank you for registering \_\_\_\_\_ for Succeed2gether's program.

Print child's name

### Release Agreement

I hereby authorize my child to participate in all of the program activities.

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, video or recordings of my child participating in Succeed2gether's Summer Workshop Module Programs for publicity purposes or on its website. \_\_\_\_\_

initial

For in person classes:

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



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

**Enrichment Classes**  
**Begins Week of October 4th**

Most classes will meet once a week for the noted amount of weeks  
Most classes will be one hour except where noted.

**Mondays**

- Dance - 4th-6th graders - Oct 18th, Mondays, 4:00- 5:00 p.m., five sessions
- Konnekt Global - 4th - 8th graders - Oct 18th, Mondays, Tuesdays, Wednesdays, 5:00-6:00 p.m., Three days each of Art, theatre, dance, science and yoga over five weeks..

**Tuesdays**

- Conversational Spanish - 6th-9th graders, Oct 5th, Tuesdays, 4:30-5:30 p.m., five sessions

**Wednesdays**

- Violin - 5th-8th graders - **In person**, Oct. 6th, Wednesdays, 3:30-4:30 p.m., five sessions
- English Language Arts - 3rd-5th graders - Oct. 6th, Wednesdays, 4:30-5:30 p.m., five sessions

**Thursdays**

- Ice Adventure - 6th-9th graders, Oct.14th, Thursdays, 3:30-5:00 p.m., (1.5 hour sessions), -six sessions
- Girls's STEM Club - 2nd-4th graders, Oct. 7th, Thursdays, 4:30 - 5:30 p.m., 5 sessions



## One-on-one Tutoring & Math & Book Buddy

One-on-one subject specific tutoring will be provided for one hour a day, once a week. Each student will be paired with one tutor first for their number one preferred subject. Then if there are more available tutors they will receive a second subject.

Rising 1st - 4th graders can also sign up for our Buddy Program. This program is supported by Middle School tutors who provide support in reading for comprehension, fluency and vocabulary. The math buddies support basic math skills.

### Best Day/Time for Tutoring

#### Zoom Only

Monday \_\_\_ or Thursday \_\_\_  
3:00-4:00 \_\_\_ 4:00-5:00 \_\_\_ 5:00-6:00 \_\_\_

#### In Person Only

Tuesday \_\_\_ or Wednesday \_\_\_  
3:30-4:30 \_\_\_ 4:30-5:30 \_\_\_ 5:30-6:30 \_\_\_ 6:30-7:30 \_\_\_

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### Areas in Need of Academic Support:

Please number the areas by order of importance: 1 being the first subject of concern to 6 being the last.

Math \_\_\_ Reading \_\_\_ Writing \_\_\_ Science \_\_\_ Social Studies \_\_\_ Math Buddy \_\_\_ Book Buddy \_\_\_



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

**Directions: Please list all people, including the person receiving service, living in the household and their income. 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 only for statistical purposes or our grantors. 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



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