For Office Use Only
Date Received:
//
Income Verification
Payment
Complete



Pathways Forward

See www.succeed2gether 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	t way to contact you in the event of	emergency or a last minute sched	ule change *
Emergency Contact			
Name	Home Ph	one # Cell #	
	umentation: REQUIRED Tome verification documenta		OGRAM: * Everyone
Total number of persons in	the household Total h	ousehold annual gross inco	me**
* Our grantors require income ver	ification. All personal information is	kept strictly confidential.	
**Include income from wages, pu	ıblic assistance, child support, alimo	ny, pensions, retirement, SSI and	unemployment from all in th

Return the completed application, and documents to info@succeed2gether.org or mail to Succeed2gether, P.O. Box 1355, Montclair, NJ 07042. Complete one application for each child.

household.



Program Policies

- 1. For liability purposes, all virtual classes will be recorded and monitored by S2G staff and/or volunteers.
- 2. ADD some text regarding proper communication

Signature

Parent/Guardian (print name)

- 3. Each student is required to be respectful of not only themselves but everyone around them. Students will respect everyone enrolled in the program.
 - a. 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.
 - b. Students will use appropriate language at all times. Students who use foul language or inappropriate behavior will result in a review of the situation by the Executive Director. Appropriate action will be determined post review.
- 4. For grant purposes, all applicants must provide income verification.
- 5. Please inform us as soon as you are aware of a scheduling conflict. If your child is unable to attend the scheduled meeting call (973-746-0553), or email info@succeed2gether.org as soon as you are aware of a conflict.

Activity Agreement- Image/Recording Release

Date

I hereby authorize my child to participate in the Pathways Forward Program. As well as parents / guardians when appropriate.

I understand that the program will have both in person and virtual participation options.

Initial

I hereby grant full permission to Succeed2gether to use any photographs, video or recordings of my child participating in Succeed2gether's Pathways Forward Program for publicity purposes or on its website or in print.

Initial

Parent/Guardian



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.

ddress			
	STREET	CITY	ZIP CODE

Name	Age of childre	en Relationship in household	Income*
		_	
		2	



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	
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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