



Strengthening Families Program

For Families with Children ages 6-11

2021 Registration Form

This form can be returned via fax: 410-939-6053, email: jackie@hdgha.org, or mail: The SUCCESS Project - Strengthening Families Program, 101 Stansbury Court, Havre de Grace, MD 21078

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Are you the Head of your Household? Yes No Race: _____

How did you hear about us (list agency or referral name)? _____

Do you have access to at least 2 devices with internet to access ZOOM during our sessions?

Yes No

List Children's Ages: _____, _____, _____, _____, _____, _____

Income Level: Extremely Low Low Moderate Above Moderate

Acknowledgement and Photo Release

I have reviewed the class schedule and agree to attend all 11-weekly ZOOM sessions of the Strengthening Families Program. I, the undersigned, do hereby consent, without compensation in any form, to the unrestricted use of photography & videotape or other likeness of form without inclusion of my name by The SUCCESS Project for any lawful purpose, including but not limited to advertising or promotional pieces.

Signature: _____ Date: _____

A volunteer will be in contact with you within the next week of receiving your form to confirm it was received and to notify you if you are registered or on the waitlist for the event.

If you have questions on the status of your application, please feel free to contact Jackie at (410) 939-2097 or jackie@hdgha.org.

For Office Use Only

Date Registration Form Received _____

Registrant Contacted by _____ on _____