



## Strengthening Families Program

For Families with Children ages 6-11

### 2022 Registration Form

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

Preferred Session:  Tuesdays  Thursdays

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 Wendy at (410) 939-2097 or wendy@hdgha.org.

*For Office Use Only*

Date Registration Form Received \_\_\_\_\_

Registrant Contacted by \_\_\_\_\_ on \_\_\_\_\_