



Supporting Young Sisters Toward Achieving Success

Parental Notification and Release Form
Fiscal Year January 1, 20__ – December 31, 20__

A. NOTIFICATION SECTION

The program your child is registering for is supported in part with Federal Funds. Some of the information requested below is mandatory. ALL of this information is confidential. Information on individuals is not made public in any way without prior consent from you.

B. HOUSEHOLD INFORMATION

- Total number of people in your household including yourself: 1 2 3 4 5 or more
- Are you: Married Single Separated or Divorced?
- Do you work? Yes No
- Does your spouse work? Yes No N/A
- What is your family's yearly income? 0-10,000 10,001-20,000 20,001-30,000
30,001-40,000 40,001-50,000 50,001 or more 100,000 or more
- Does your family receive (check all that apply): NJ FamilyCare Food Stamps Medicaid
Medicare SSI Welfare None of the above

C. MEDICAL INFORMATION

- Do you have health insurance? Yes No
Name of Insurance Company _____
- Do you have a family doctor? Yes No
Dr's Name _____ Dr's Phone _____
- Do you have a family dentist? Yes No
Dentist's Name _____ Dentist's Phone _____

D. RELEASE SECTION

I, _____, as parent/legal guardian, hereby give permission for my child/ward, _____ to participate in SYSTAS 4 SYSTAS, Inc. (S4S, Inc) activities. I further authorize S4S, Inc to utilize photographs and/or videos of the program activities, which may include my child's picture or image. Permission is granted for non-profit informational and promotional use only.

Guardian Signature	Relationship to lil systa	Date
Staff Signature	Staff Name, Title (Print)	