



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)	