



WELCOME

Hammonton Family Success Center- AtlantiCare Behavioral Health
Household - Activity Participation Form

Today's Date: _____

Head of Household Name: _____

Date of Birth: _____

Street: _____

City/Town: _____ Zip: _____

Phone Number: _____-_____-_____

ALL HOUSEHOLD MEMBERS

Name	Date of Birth	Relationship
Example: Jose Smith	10-03-1998	Son

Pictures are often taken during our activities to use for flyers and publications.

- I agree to allow my picture to be taken
- I do not agree to allow my picture to be taken.

We would like to create an email list to send monthly invitations to our events:

Email: _____

Thank you for visiting ☺
We look forward to seeing you again soon!

Office Use Only: Family ID _____
(revised 11/15)