



**310 Bellevue Avenue  
Hammonton, NJ 08037  
Office Phone 609.567.2900  
Family Success Center (Basement) 609.878.3344  
Fax 609.567.3896  
[www.hammontontfamilysuccesscenter.org](http://www.hammontontfamilysuccesscenter.org)**

Dear Parent or Guardian:

The Hammonton Family Success Center is proud to offer a **safe, fun and new space** that is located at 310 Bellevue Avenue. The space has been redesigned and renovated with a Children's Story Room, Entertainment Room, Computer Lab, Exercised Gym, Gabriele Campione Theatre, Music Room, and Gaming Room. Children will be permitted to utilize the space for socialization, homework, internet access and games. The center will be open afterschool on specific days and times and a calendar identifies when children can utilize the center. It's all **FREE!!!**

If you agree to have your child participate in activities at the center please complete the following forms on the next page and have your child return it to the center.

If you have any additional questions, concerns or would like to take a look at the space, please feel free to contact the center.

Thank you,

Tricia Donio-Mento, MSW  
Director



## Participation Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Child Email: \_\_\_\_\_

I \_\_\_\_\_ give my permission for my child  
Parent/Guardian Name

\_\_\_\_\_ to attend the Hammonton Family Success Center.

Please check the box if you would like to receive our monthly calendars.



## Emergency Medical Care (To be completed by the parent or guardian)

Name of Child: \_\_\_\_\_

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the Hammonton Family Success Center to obtain the necessary medical care for my child. I agree to pay all the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.

3. Following emergency medical care, my child may be released to the following people:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. Health/Insurance Information:

Student's Doctor: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy Holder's ID: \_\_\_\_\_

Allergies: \_\_\_\_\_

5. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child participates with the Hammonton Family Success Center.

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**Parent/Guardian Signature**

**Date**



## Release of Child from Hammonton Family Success Center

Please check all appropriate boxes

I give permission for my child to walk to the center from school.

My child may be released at their discretion and unnecessary for a parent/guardian to sign them out.

My child may not sign themselves out and must wait for a parent/guardian to do so. In addition the only permitted to pick up are the following:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_