

CENTER FOR FAMILY SERVICES OF WARREN COUNTY

Washington: (908) 689-1000

Phillipsburg: (908) 454-4470

Hackettstown: (908) 852-0333

Prevention Connections: (908) 223-1985

Emergency: (908) 454-5141

492 Route 57 West

Washington, NJ 07882

Strengthening Families Program

For Families with Children Ages 6-11 & 12-16

2023 Registration Form

This form can be emailed to jessica.szczepanik@centerffs.org, or mailed to Prevention Connections – Strengthening Families Program, 492 Route 57 West, Washington, NJ 07882.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Are you the head of your household? Yes No Race:

American Indian or Alaska Native Asian Black or African-American Hispanic or Latino

Native Hawaiian or Other Pacific Islander White or Caucasian Choose not to Disclose

Transportation needed? Yes No

How did you hear about us (list agency or referral name)? _____

List Children(s) Names and Ages:

_____, _____, _____, _____, _____, _____

Should you have any questions on the status of your application, please feel free to contact Jessica Szczepanik at 732-672-7689 or jessica.szczepanik@centerffs.org

For office use only

Date Registration Form Received _____

Registrant Contacted by _____ on _____

CENTER FOR FAMILY SERVICES OF WARREN COUNTY

Washington: (908) 689-1000
Phillipsburg: (908) 454-4470
Hackettstown: (908) 852-0333
Prevention Connections: (908) 223-1985

Emergency: (908) 454-5141

492 Route 57 West
Washington, NJ 07882

Strengthening Families Program

Dear Parents/Guardians and Families:

Prevention Connections, a program of Center for Family Services of Warren County, will be offering a Strengthening Families Program for 7 consecutive weeks. The program was first established in 1982 to aid parents in developing the skills needed to keep their children from using drugs and alcohol. It is an evidence-based training program offering parenting, family life and children's social skills. Parents and children will participate in SFP in interactive groups, both together and separately within breakout rooms. **The SFP family relationship skills are useful for all families—not just those at risk.** With this program, we hope to increase parental involvement, communication and family bonding while decreasing family conflict and youth depression and aggression.

The Strengthening Families Program is now offering **open enrollment. Two separate SFP targeted age groups will be offered. One for ages 6-11 and another group for ages 12-16.** SFP will provide meals for each session and prizes/incentives will be given for attending.

A program flyer and consent form have also been included for you in this packet. Please complete and return the consent form to myself, Jessica Szczepanik.

Thank you again for your time and support!

If you have any questions or concerns, please do not hesitate to contact me at 732-672-7689 or via email at jessica.szczepanik@centerffs.org.

Sincerely,

Jessica Szczepanik

Director of Prevention Services

Prevention Connections

Center for Family Services of Warren County

21 West Washington Avenue

Washington, NJ 07882

CENTER FOR FAMILY SERVICES OF WARREN COUNTY

Washington: (908) 689-1000
Phillipsburg: (908) 454-4470
Hackettstown: (908) 852-0333
Prevention Connections: (908) 223-1985

Emergency: (908) 454-5141

492 Route 57 West
Washington, NJ 07882

Strengthening Families Program

Parental Consent Form

The 7-week Strengthening Families Program is offering open enrollment. ***Face coverings are optional for all participants in this program, regardless of immunization status.*** CDC standards of cleaning and sanitation will be followed.

Child Name(s): _____ Age(s): _____

Dietary Restrictions: _____

_____ I **GRANT** consent for my child to attend the Strengthening Families Program.

_____ I **DO NOT GRANT** consent for my child to attend the Strengthening Families Program.

Child Photo Release

During your child's participation in the Strengthening Families Program, he or she may be photographed or videotaped. These photographs and video recordings may be used by Prevention Connections, a program of the Center for Family Services of Warren County, to highlight the success of our event on our website, local newspaper and/or on our social media sites to share the work done for our community by our organization.

Check **ONE** of the following choices:

_____ I **GRANT** consent for my child's photo to be published on the Prevention Connections/Center for Family Services of Warren County's websites as well as the school and local newspapers.

_____ I **DO NOT GRANT** consent for my child's photo to be published on the Prevention Connections/Center for Family Services of Warren County's websites or the school and local newspapers.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Date

Parent Photo Release

During your participation in the Strengthening Families Program, you may be photographed. These photographs and video recordings may be used by Prevention Connections, a program of the Center for Family Services of Warren County, to highlight the success of our event on our website, local newspaper and/or on our social media sites to share the work done for our community by our organization.

Check **ONE** of the following choices:

_____ I **GRANT** consent for my photo to be published on the Prevention Connections/Center for Family Services of Warren County's websites as well as the school and local newspapers.

_____ I **DO NOT GRANT** consent for my photo to be published on the Prevention Connections/Center for Family Services of Warren County's websites or the school and local newspapers.

Signature of Parent or Guardian

Printed name of Parent or Guardian

Date

If you have any questions or concerns, please do not hesitate to contact me. Thank you.

Sincerely,

Jessica Szczepanik

Director of Prevention Services

Prevention Connections

Center for Family Services of Warren County

21 West Washington Avenue, Washington, NJ 07882

jessica.szczepanik@centerffs.org | 732-672-7689

CENTER FOR FAMILY SERVICES OF WARREN COUNTY

Washington: (908) 689-1000
Phillipsburg: (908) 454-4470
Hackettstown: (908) 852-0333
Prevention Connections: (908) 223-1985

Emergency: (908) 454-5141

492 Route 57 West
Washington, NJ 07882

Strengthening Families Program Confidentiality Agreement

It is the responsibility of all families, parents, children and staff in the Strengthening Families Program to preserve and protect the confidentiality of information and topics discussed in weekly meetings.

By signing below, I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, activities and any other conversations generated in connection with the Strengthening Families Program with progress made in the participation of this 7-week curriculum.
2. I will neither post nor share information or photos about participants, confidential conversations, discussions and/or activities online or on any social media platform (including but not limited to email, websites, message boards, blogs or social networking platforms).
3. I agree to discuss confidential information only at The Strengthening Families Program for educational and family strengthening purposes and not to discuss such information (of mine or others' personal home matters) outside the program.
4. All participants should be aware that the disclosure of certain problems could lead to a report being filed with the proper authorities if absolutely necessary.
5. My obligation to safeguard confidentiality continues after my completion of the Strengthening Families Program.

I acknowledge that I have read and understand the above information and that my signature below signifies my understanding and agreement to comply with the confidentiality terms of this program.

Signature: _____

Printed Name: _____ Date: _____