

Central Queens Y Program at PS 175

Parent Information Sheet 2011-2012



Starting Date _____

Child's Information: 1. _____
Name DOB School Grade

Child's Information: 2. _____
Name DOB School Grade

Child's Information: 3. _____
Name DOB School Grade

Home Address: _____

Father's Info: _____
Father's Name Home Phone Cellular Phone Business Phone

Mother's Info: _____
Mother's Name Home Phone Cellular Phone Business Phone

DAYS CHILD(REN) ATTEND PROGRAM (PLEASE CIRCLE): M T W TH F

IF PARENT CANNOT BE REACHED FROM 3:00-6:00 PM:

Emergency Name: _____ Relationship _____ Phone # _____

Are You: MARRIED _____ SINGLE _____

PEOPLE (OTHER THAN PARENT/GUARDIAN) WITH PERMISSION TO PICK UP CHILD:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Are there any Medical Conditions/allergies we should be aware of? _____

Are your children taking any medications? _____

- Only those who sign this form are authorized to make changes and adjustments to the child's program or registration.

Parent Signature

Parent Signature