



YOUTH ARTS TECHNOLOGY PROGRAM
Parent/Guardian & Sign-Out Information
PLEASE PRINT

Child's Name: _____

Parent/Guardian's Name: _____

Relationship to Child: _____

Cell/Home #: _____ **Emergency # (required):** _____

Email Address: _____

Which session and class time is your child attending (please check all that apply):

Dates	9:30-2:00 pm	9:30-11:30 am	12:00 noon-2:00 pm	2:30-4:30 pm
Session I July 6-16				
Session II July 20-30				

Please designate the child's dismissal arrangements:

**Wait in building to be
signed out by pick-up person**

**Sign out independently
with a staff member**

**If someone else is picking up your child, please write down his/her name and date
(a photo ID is required). In case of an emergency pick-up, please send a signed note
with the child that day or fax to 914-606-7386.**

Pick-up Person's name: _____

Relationship to Child: _____

Parent/Guardian's Signature: _____ Date: _____

**Mandatory Forms must be submitted prior to the start of the Youth Arts Technology Program
via email to peekskill@sunywcc.edu or fax us at 914-606-7386 as soon as possible.
If your child is enrolled in both two-week sessions, only one set of forms is required.**