



SUMMER 2017
YOUTH ARTS TECHNOLOGY PROGRAM
Parent/Guardian & Sign out Information

Child's Name: _____

Parent/Guardian's Name: _____

Cell/Home Ph: _____ Emergency Ph: (required): _____

Email Address: _____

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

- July 10-20 [] 9:30-11:30am [] noon-2pm [] 2:30-4:30pm
July 10-20 [] Game Design: 9:30-2pm [] 3D Animation: 9:30-2pm
July 24-August 3 [] 9:30-11:30am [] noon-2pm [] 2:30-4:30pm
July 24-August 3 [] Game Design: 9:30-2pm [] 3D Animation: 9:30-2pm

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.

Parent/Guardian's Signature _____

Date: _____

COMPLETED FORMS ARE REQUIRED PRIOR TO THE START OF THE 2017 YOUTH ARTS TECHNOLOGY PROGRAM.

IF THE CHILD IS ATTENDING BOTH TWO-WEEK PERIODS, ONLY ONE SET OF FORMS ARE REQUIRED.

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