

**PLEASE FILL OUT THE FORM AND
GIVE TO YOUR CHILD'S TEACHER**

Date: _____

Dear: _____

This is to inform you that my child _____

Grade _____ Class _____ Room # _____

Will be attending the After School Program at the Kings Bay YM-YWHA for the 2009-2010 school year.

Days in the Program:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

He/She will be picked up by a counselor from the program and taken by bus to the Kings Bay YM-YWHA located at 3495 Nostrand Avenue (between Avenue U and V).
The phone number is (718)648-7703 ext. 219.

Thank you in advance,

Name _____

Address _____

Phone # _____