

Little Sweet Angel

31-15 140th St, Flushing, NY 11354

Email: nycsweetangels@gmail.com Phone: 917-678-0675

Parent's Consent for Student Pick-Up

STUDENT INFORMATION (學生資料)

Last Name (姓): _____ First Name (名): _____

Public School (就讀學校): _____

Grade (年級): _____ Class (班級): _____

Teacher's Name (老師名字): _____

AUTHORIZATION (家長授權如下)

I, _____ as the parent/legal guardian of
(Print Parent/guardian Name) 家長名字

_____, hereby give permission to
(Print Student's Name) 學生名字

Little Sweet Angel after school program to pick-up my child at my child's school among
this school year.

Parent Signature: _____
家長簽名

Date: _____
日期