



Little Sweet Angels

After-school AT P.S.214 31-15 140 St, Flushing NY11354

Tel: 917-678-0675 Fax: 347-368-6666 Email: littlesweetangelsprek@gmail.com

Parent's Consent Form

Permission to 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 for
(Print Student's Name) 學生名字

following persons from LITTLE SWEET ANGELS that are permitted to pick up my child from their school.

1. Name _____

2. Name _____

Parent /Guardian

Signature: _____

家長簽名

Date: _____

日期



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