New York City Administration for Children's Services
Division of Early Care and Education

Election Attendance Sheet

Classroom Parent Committee Only

Delegate Agency _____ Date _____

Site Address_____ Telephone _____

State ***the number of children*** enrolled in this class/session at the time of classroom election. _____

A QUORUM IS BASED ON 50% +1 OF YOUR CLASSROOM ENROLLMENT AT THE TIME OF THE ELECTION
***Please maintain a copy of your meeting notice (i.e. flyer, letter or poster) with a copy of the agenda on file.**

Type of Election: [ ] Open Vote Meeting [ ] Closed Ballot Meeting [ ] All Day Voting (Ballot Box)

COMPLETE ONE FORM PER CLASSROOM

Parent Election Coordinator _____Telephone _____
Email _____ FAX Number_____

Name (please print)	Signature	Classroom	Child's Name