F5
CLASSROOM PARENT ELECTION SUMMARY FORM

DELEGATE AGENCY	SITE ADDRESS	# CHILD ENROLLED	CHAIR PERSON	VICE-CHAIRPERSON	SECRETARY/ TREASURER	ALTERNATE(S)	DATE ELECTED	DAPC MONITOR

Family Coordinator Name_____ Email: _____

Director's Name _____ Email_____

SUBMIT THIS FORM TO THE GRANTEE BY October 9, 2015