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

Election Minutes

Level of Election: ☐ Classroom Parent Committee ☐ Delegate Agency Site Parent Committee

Check One ☐ Delegate Agency Policy Committee/Council ☐ Local Area Representative

Delegate Agency _____ **Site Name**_____

Site Address_____ **Site Telephone** _____

Classroom Name _____ **Was a quorum established? ☐ Yes ☐ No**

Motions:
Second:
VOTING Record – as needed
 # members voting
 # quorum
 # Yes # No # Abs.

Note Taker: _____

Parent Election Coordinator_____ Telephone_____

E-mail_____Date_____

Meeting Minutes / Notes