F-11

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

**Delegate Agency Site Name**

**Site Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Telephone \_\_\_\_\_\_**

**Classroom Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was a quorum established? 🞏 Yes 🞏 No**

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

Note Taker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Election Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Meeting Minutes/Notes:** |
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