

**Coalition for Hispanic Family Services  
Arts & Literacy Program**

315 Wyckoff Avenue. 5<sup>th</sup> Floor  
Brooklyn, NY 11237  
Phone: 718-497-6090 ext. 318  
Fax: 718-4970-9495  
**(ATTACH TWO 2X2 (PHOTOS))**

If your child has been enrolled in the previous year,  
please state if:

- [ ] Summer \_\_\_\_\_ yr.  
[ ] Fall \_\_\_\_\_ yr.  
[ ] Spring \_\_\_\_\_ yr.

Date of Application \_\_\_\_\_.

**2015-2016 AFTER SCHOOL APPLICATION**  
**Parent Checklist**

\*Please make sure there are **TWO PHOTOS** of your child.

\*Please make sure that **Everything** is filled out and signed **Especially** the **MEDICAL FORM** by the **DOCTOR!**

**\*\*\*Only COMPLETED APPLICATIONS will be accepted! \*\*\***

**Check off**

- Two Photos of Child
- Participant Information
- Pick- up Permission
- Dismissal Permission
- Parent/Guardian Information
- Health Information
- DYCD Emergency Medical Care
- Photo/ Video/ Interview Consent
- Permission Form
- Policies
- Medical Form- Parent and Doctor

\*Please make sure there are **TWO PHOTOS** of your child.

\*Please make sure that **Everything** is filled out and signed **Especially** the **MEDICAL FORM** by the **DOCTOR!**