

**The Office of Human Resources
presents:
Take Your Children to Work Day
Tuesday, April 23, 2019, 9:00 A.M. to 1:00 P.M.
Registration Form (Ages 7-12)**

Employee's Name

Department

Work Location

Phone Extension

Cell Phone

1. Child's Name: _____ **Age:** ____ **Gender:** ____

My child has the following allergy(ies). (Please check all that apply):

Asthma Gluten Nuts Other: _____ (please specify)

My child has no known allergies

Is there any information you would like to share about your child? If so, please indicate below:

2. Child's Name: _____ **Age:** ____ **Gender:** ____

My child has the following allergy (ies): (Please check all that apply):

Asthma Gluten Nuts Other: _____ (please specify)

My child has no known allergies

Is there any information you would like to share about your child? If so, please indicate below:

Please send completed registration form to Human Resources, Shepard Hall, Room 50 or
via email to: humanresources@ccny.cuny.edu **no later than Friday, April 5, 2019.**

NOTE: Registration is on a first come, first served basis, so register early!