

## 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	Depart	tment
Work Location	Phone Extension	Cell Phone
1. Child's Name:		Gender:
My child has the following all	ergy(ies). (Please check all that apply)	):
Asthma Gluten Nut	s Other:	(please specify)
My child has no known allergi	es 🗌	
Is there any information you w	yould like to share about your child? If	so please indicate below:
•	oura mic to smare about your omia. If	so, please maleate below.
		so, please mulcate below.
2. Child's Name:	_Age: _	
		Gender:
My child has the following al		Gender: y):
My child has the following al	Age:	Gender: y):
My child has the following all  Asthma  Gluten  Nu  My child has no known allerg	Age:	Gender: y):(please specify)

Please send completed registration form to Human Resources, Shepard Hall, Room 50 or via email to: <a href="mailto:humanresources@ccny.cuny.edu">humanresources@ccny.cuny.edu</a> no later than Friday, April 5, 2019.

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