



Machane Penina

Notification of Services

If your child will be receiving Services/Therapy in the summer, please fill out this card and mail it back immediately. Please inform your agency to contact the camp office at 929-267-3275.

My child _____ will be receiving _____ services from
Please print child's full name Type of Service

Name of Agency Agency.

Parent's Signature

Mail back to: 1784 E. 17th St, Brooklyn NY 11229 / Fax: 718-907-7927/ Scan and Email to: Machanepenina@aol.com