



Member

OFFICE OF TRANSPORTATION

55 MAJOR MACDONALD WAY WAPPINGERS FALLS, NEW YORK 12590 (845) 298-5225 x44104 FAX (845) 298-5210 KIM CATALANO - SUPERVISOR



Member

CHILDCARE TRANSPORTATION REQUEST FORM

(WCSD STUDENTS IN GRADES K-8 ARE ELIGIBLE FOR CHILDCARE TRANSPORTATION)

The Wappingers Central School District Transportation Department must receive all requests for day care or babysitter transportation no later than April 1st of the preceding school year or transportation may not be available. Day care facilities registered under section 390 of the New York State Department of Social Services are entitled to transportation to and from the day care center WITHIN the district, provided application is received by the school district before April 1st of the preceding school year. Day care locations must be for five (5) days a week in and/or out. Otherwise it must be done with a daily note to the school and only to or from an existing bus stop on an existing run. Babysitter locations NOT licensed or registered under section 390 of the NYS Department of Social Services are restricted to the attendance zone of the school attended.

Date:	School Year:		Name of your child's school		
Student Name					
(Last Name) (F		First Name)		(MI)	
Student WCSD ID #	udent WCSD ID # Date of Birth		Current Grade _		
Address:					
(Nur	mber & Street – No P.O. Boxes Please!)				
(City)	(Zip)		(Home Phone)	(Cell)	
Parent/Guardian's Name:					
Day Care or Babysitter Information – Form must be updated if changes are made. Change					
	Pick Up (AM) ome		Drop Off (PM) Home ☐ Childo	care Provider	
Provider's Name:		Provider's Name:			
Provider's Address:		Provider's Address:			
Provider's Phone:					
Cancel Old Information		Cancel Old Information			
Parent/Guardian Signatu	ıre:	Dat	te:		
Verification - School Re	presentative Signature:		Date:		

Parents/Guardians: Submit this form to the Main Office of your child's school.