



Member

OFFICE OF TRANSPORTATION

55 Major McDonald 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)

Day Care/Babysitter requests must be received no later than April 1st of the <u>preceding</u> school year or transportation may not be available. Requests must be filed every year, even if there is no change. Day Care facilities registered under section 390 of the New York State Department of Social Services are entitled to transportation WITHIN the district, provided application is received by the April 1st deadline. Day Care locations must be for five (5) days a week in and/or out. Otherwise a daily note to school is required and only to or from an existing bus stop. Babysitter locations NOT licensed or registered are restricted to the attendance zone of the school the child attends. Day Care/Babysitter transportation forms will not be accepted after AUGUST 15th. Those requests will be processed after September 30th.

Date Current School Year OR Next School Year Child's School					
Student Name					
(Last Name) (F		irst Name)		(MI)	
WCSD Student ID #	Date of Birth	Grade: _		Gender: M] F
Address:			E-Mail:		
(Number & Stree	et – No P.O. Boxes)				
(City)	(City) (Zip)		(Home Phone)	(Cell)	
Parent/Guardian's Name (Print):					
Day Care or Babysitter Infor	rmation – Submit a ne	ew form each ti	me changes are	made. Char	nge
Pick Up (AM)		Drop Off (PM)			
Check One: Home	Childcare Provider	Check One:	Home 0	 Childcare Provide	r
Provider's Name:		Provider's Name:			
Provider's Address:		Provider's Address:			
					_
Provider's Phone:		Provider's Phone:			
☐ Cancel Old Information		☐ Cancel Old Information			
Parent/Guardian Signature:			Date:		_
Verification – School Representative	Signature:		Date:		

Parents/Guardians: One Student per Form Please -- Return to the Main Office of your child's School

NOTE TO SCHOOL STAFF: PLEASE FAX (298-5210) OR SCAN COMPLETED FORM TO TRANSPORTATION OFFICE UPON RECEIPT.