

Croton-Harmon U.F.S.D.

10 Gerstein St, Croton on Hudson, NY 10520 (914)271-4675

2018-2019

APPLICATION FOR DAYCARE or BABYSITTING TRANSPORTATION

PLEASE FILL OUT THE INFORMATION BELOW AND MAIL THIS FORM TO THE
CROTON-HARMON U.F.S.D. TRANSPORTATION DEPT.

10 GERSTEIN ST, CROTON ON HUDSON, NY 10520 OR FAX (914) 271-4512

STUDENT'S NAME _____

SCHOOL ATTENDING _____ GRADE _____

DAYCARE/BABYSITTER'S NAME _____

DAYCARE/BABYSITTER'S ADDRESS _____

DAYCARE/BABYSITTER'S Phone No. _____

Contact person at program _____

Please check the days you need:

MON		TUES		WED		THURS		FRI	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

PARENT/GUARDIAN NAME _____

(PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE _____

HOME No. _____ CELL No. _____

EMERGENCY No. _____

