

# Croton-Harmon U.F.S.D.

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

2021-2022

## 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. \_\_\_\_\_

