



**BABYSITTING / DAYCARE REQUEST FORM
2022-2023 SCHOOL YEAR**

DATE _____

SCHOOL _____ GRADE _____

NAME _____ PHONE _____

HOME ADDRESS _____

E-MAIL ADDRESS _____

PICK-UP and/or DROP-OFF DAYCARE LOCATIONS **MUST BE** the
SAME LOCATION FIVE (5) DAYS a WEEK
Allow 1-3 days for processing as same day cannot be guaranteed

AM PICK-UP ADDRESS _____

PM DROP-OFF ADDRESS _____

DAYCARE PHONE _____

PARENT/GUARDIAN _____

PRINT NAME

PARENT/GUARDIAN SIGNATURE

EFFECTIVE DATE _____

F O R O F F I C E U S E O N L Y

PICK-UP RT _____ DROP-OFF RT _____

RETURN FORM by AUGUST 15, 2022

- **By Mail:** The Transportation Office, 50 West Main Street, Washingtonville, NY 10992 or
- **Fax:** 845.497.4006 or
- **E-Mail:** daycare-request@wcsdk12.org

If you have any questions, please call (845) 497-4000 Ext 27132 or Ext 27134