

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

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

2023-2024

## APPLICATION FOR DAYCARE or BABYSITTING TRANSPORTATION

PLEASE FILL OUT THE INFORMATION BELOW AND EMAIL IT TO  
TRANSPORTATION@CHUFSD.ORG.

STUDENT'S NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

DAYCARE/BABYSITTER'S NAME \_\_\_\_\_

DAYCARE/BABYSITTER'S ADDRESS \_\_\_\_\_

DAYCARE/BABYSITTER'S Phone # \_\_\_\_\_

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 # \_\_\_\_\_ CELL # \_\_\_\_\_

**\*\*\*\*\*PLEASE PROVIDE A VALID EMAIL ADDRESS FOR IMPORTANT NOTIFICATIONS  
PERTAINING TO YOUR CHILD, FROM THE CROTON HARMON UFSD\*\*\*\*\***

**EMAIL ADDRESS** \_\_\_\_\_

EMERGENCY # \_\_\_\_\_



**REMEMBER: YOU MUST FILE NO LATER THAN APRIL 1, 2023 for the 23/24 school year**