

**ARDSLEY UNION FREE SCHOOL DISTRICT
CHILD CARE FACILITY PROVIDER FORM**

2024 - 2025

Please fill out the form below and have the parent signature notarized, then return it to the Transportation Department, Ardsley UFSD, 500 Farm Road, Ardsley, NY 10502. You may also send it via e-mail to transportation@ardsleyschools.org. **REQUESTS MUST BE SUBMITTED BY JUNE 1, 2024.**

*The District will honor requests for transportation for any student in grades K-8 being transported between the school legally attended and before-/ after-school child care providers so long as the application is filed by **June 1, 2024** and the child care provider is also located within the District. Distance from school to provider must meet District busing qualifications of greater than .6 mile (K-4) and greater than 1.0 mile (grades 5-8).*

STUDENT'S NAME _____ **GRADE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE NO. _____ **E-MAIL** _____

PARENT SIGNATURE

DAY(S) OF CHILD CARE _____ **AM** **PM** **BOTH**

PROVIDER'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE NO. _____ **E-MAIL** _____

PROVIDER SIGNATURE

STATE OF NEW YORK

S.S.

COUNTY OF WESTCHESTER

On this _____ day of _____, 20____ before me personally came

_____ known to me to be the individual who executed the

foregoing statement and acknowledged that he/she executed the same.

Notary Public

FOR OFFICE USE: BUS ASSIGNMENT _____

cc: Assistant Principal, Teacher, Transportation