

Tast Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

Dr. Clarence G. Ellis Superintendent of Schools 845-577-6011

Janette Silva Director School Transportation II 845-577-6490

ALTERNATIVE CHILD CARE REQUEST FORM FOR SCHOOL YEAR 2023-2024

Student's Name:				
Last Name		First Name		
Home Telephone #:	#: Work Phone #:			
Home Address:				
	Street	City (Town)		
School Attending:				
Date of Birth:				
Child Care Provid	<u>der:</u>			
(To School) AM Pick-up at:		(From School) PM Drop Off a	(From School) PM Drop Off at:	
Name:				
Address:				
Street	.	City (Town)		
Child Care Provider's	Telephone Number:		_	
Requesting Starting I	Date of These Alternat	e Arrangements:		
All requests must be t	for 5 days per week, to	& from same location.		
The requested child c	are provider must be v	vithin the student's home school attenda	ince zone.	
Child care providers N	MUST accompany Kind	ergarten students to and from bus stops		
Parent/Guardian Nam	ne:			
Signature		Datas		