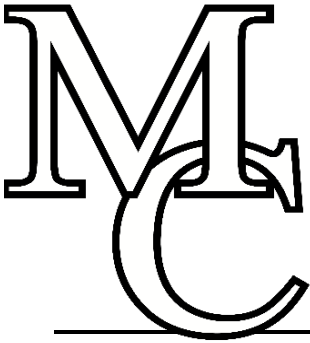


MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
AT CENTEREACH

25 NORTH BICYCLE PATH • SELDEN, NY 11784
TRANSPORTATION DEPARTMENT
631-285-8880 • 631-285-8891 (fax) • www.mccsd.net



Roberta A. Gerold, Ed.D., Superintendent of Schools
James G. Donovan, Assistant Superintendent for Human Resources
Beth Rella, Ed.D., Assistant Superintendent for Business
Jonathan Singer, Assistant Superintendent for Instruction

Application for Child Care Transportation
2024-2025 School Year

For Grades K-8 ONLY

Written requests for transportation to and/or from a private child care facility must be submitted in writing by the parent or legal guardian to the Transportation Office. Approved child care transportation requests **DO NOT** carry over year to year. In order to guarantee child care transportation begins on the first day of school, the completed request must be received by the Transportation Department by **July 5, 2024**. All signatures by parents and child care providers must be notarized on the written request. Child Care Transportation is not provided for High School Students.

CHECK BOX IF INFORMATION IS THE SAME AS LAST YEAR (2023-2024)

I am requesting that my child _____ who is in grade _____ be provided
(Student's Name) (Grade)

transportation to and/or from _____ for the 2024-25 school year. I certify below
(School of Attendance)

that my child needs transportation to and/or from the existing bus stop closest to the child care provider's residence or facility (eligible address) which will be assigned by the Transportation Office.

I _____ certify that I reside at _____,
(Parent/Guardian Name) (Address) (Daytime Phone Number)

During regular school hours I am presently employed at:

(Company Name) (Address) (Phone Number)

I also certify that _____ residing at _____
(Child Care Provider) (Address and Phone Number)

provides child care service for my child as follows: _____ A.M. _____ P.M. _____
(Days of the Week) (Time) (Time)

In order to process your application EACH of the sections on the next page must be notarized.

OFFICE USE ONLY	
AM	PM
Bus # _____ Stop _____	Bus# _____ Stop _____

Parent and Provider Notary

Parent Notary

IN WITNESS HEREOF, the parties hereto have hereunto subscribed their names, the day and year first above written.

Middle Country Central School District
Town of Brookhaven
State of New York
County of Suffolk

By: _____
(Parent)

On the _____ day of _____ 20____, before me came

_____ to me known and known to me to be the same person described and who executed the foregoing agreement, and she/he acknowledged to me that she/he executed the same.

(Notary Public)

Provider Notary

I, _____ am presently providing child care service for
_____ at my home/facility.
(Childs Name)

IN WITNESS HEREOF, the parties hereto have hereunto subscribed their names, the day and year first above written.

Middle Country Central School District
Town of Brookhaven
State of New York
County of Suffolk

By: _____
(Child Care Provider)

On the _____ day of _____ 20____, before me came _____
to me known and known to me to be the same person described and who executed the foregoing agreement, and she/he acknowledged to me that she/he executed the same.

(Notary Public)