

WASHINGTONVILLE CSD
TRANSPORTATION DEPARTMENT

DAYCARE REQUEST FORM
2025-2026 SCHOOL YEAR

DATE _____

SCHOOL _____ GRADE _____

STUDENT 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 to 3 days for processing as same day cannot be guaranteed

AM PICK-UP ADDRESS _____

PM DROP-OFF ADDRESS _____

DAYCARE FACILITY _____

DAYCARE CONTACT NAME _____

DAYCARE PHONE _____

PARENT/GUARDIAN _____
PRINT NAME

_____ *PARENT/GUARDIAN SIGNATURE*

EFFECTIVE DATE _____

RETURN FORM by AUGUST 15, 2025
Requests submitted after deadline will require 10 working days to process

- **MAIL** WCS D Transportation Office, 50 West Main Street, Washingtonville, NY 10992
- **E-MAIL** daycare-request@wcsdk12.org

Any questions, call (845) 497-4000 Ext 27134

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

PICK-UP RT _____ DROP-OFF RT _____