Caregiver Form

Montgomery Township Public Schools
Daycare Provider Transportation Request Form 2026-27

1014 Route 601, Skillman, NJ 08558 ~ Fax 609-466-0944

Student ____
Last First M.I.

Grade: ________________ Date of Birth: ____________________ Gender: ____________________

Residence ____
Address **City, Zip Code**

Parent(s)/Guardian(s) ______________________________ ___________________________________

Home Telephone: ____________________________ Cell Phone: _______________________________

Emergency contact information: Name: ______________________________ Phone: _____________________

Day Care Provider Information

The morning pick-up location may differ from the afternoon drop-off location; however, **transportation must be consistent five days a week.** Students cannot switch from one bus to another, i.e. Monday, and Friday at one location and Tuesday and Thursday at another.

Day Care Provider information must be updated at the beginning of each school year, as well as, whenever there is a change of information. **Students' pick-up and drop-off location will revert back to home location at the beginning of each new school year without a new provider form.**

Parent/Guardian Signature: _____________________________________ Date: ______________________

****Please complete the following if your child will be attending Day Care.***

*Name or Business Name of Provider: ____

*Address: ____
Address **City, Zip Code**

*Day Care Telephone: ____

***Requested Start Date**: ____

After the start of the school year updates to the Day Care Provider form may take up to **5 days to implement.*

**** Please check all appropriate box ****

***A.M. Pick-up location:** ☐ Home ☐ Day Care **P.M. Drop-off Location:** ☐ Home ☐ Day Care

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Revised 11/1/24
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