

Croton-Harmon U.F.S.D.

10 Gerstein St, Croton on Hudson, NY 10520 (914)271-4675
2026-2027

APPLICATION FOR ALTERNATE ADDRESS, DAYCARE or BABYSITTING TRANSPORTATION

PLEASE FILL OUT THE INFORMATION BELOW AND EMAIL IT TO
TRANSPORTATION@CHUFSD.ORG.

STUDENT'S NAME _____ TODAY'S DATE _____

SCHOOL ATTENDING _____ GRADE _____

DAYCARE/BABYSITTER'S NAME _____

DAYCARE/BABYSITTER'S ADDRESS _____

DAYCARE/BABYSITTER'S Phone # _____

Contact person at program _____

Please check the days you need:

MON		TUES		WED		THURS		FRI	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

PARENT/GUARDIAN NAME _____

(PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE _____

HOME # _____ CELL # _____

*******PLEASE PROVIDE A VALID EMAIL ADDRESS FOR IMPORTANT NOTIFICATIONS
PERTAINING TO YOUR CHILD, FROM THE CROTON HARMON UFSD*******

EMAIL ADDRESS _____

EMERGENCY # _____



**REMEMBER: YOU MUST FILE NO LATER THAN APRIL 1, 2026 for
the 26/27 school year**