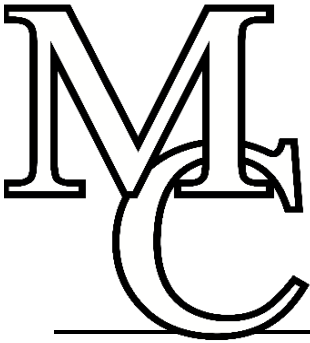


MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT  
AT CENTEREACH

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**  
**2026-2027 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 6, 2026**. 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 (2025-2026)

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

transportation to and/or from \_\_\_\_\_ for the 2026-27 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)

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*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)