Warwick Valley Central School District
Transportation Department
P.O. Box 595, Warwick, NY 10990
Phone: 845-987-3035 E-Mail: transportation@wvcsd.org

*Forms are due on or before **June 1**. A new child care form, **kindergarten to 8th only**, must be submitted every school year. **Requests for changes to childcare locations may be made before August 1 and after the first Monday in October. All childcare transportation requests will take 3 to 5 days to process.***

Childcare Transportation Request

Date: _____

Student

Child's First Name (print): _____ Child's Last Name (print): _____

Home Address (house/apt. no. and street): _____

Mailing Address (if different): _____

Home Phone: _____ Cell: _____ Work Phone: _____

School: _____ Grade: _____

Childcare

Childcare Provider's Name: _____

Childcare Provider's Address: _____

Childcare Provider's Phone #: _____

Start Date: _____

AM Pick-up (Same location five (5) days a week) ❒ Home ❒Childcare
PM Drop-off (Same location five (5) days a week) ❒ Home ❒Childcare

I certify that all the information contained on this form is accurate and that the above-named student is under my care on a regular basis according to the Warwick Valley Central School District Board Policy.

Signature of childcare provider: _____ Date: _____

Both Parents/Legal Guardian(s) must sign below:

Print Name of Parent/Legal Guardian (1): _____

Signature: _____ Date: _____

Print Name of Parent/Legal Guardian (2): _____

Signature: _____ Date: _____

Email Address of Parent/Legal Guardian: _____

For office use only: DATE RECEIVED: _____ **ACTION TAKEN: AM Bus** _____ **PM Bus** _____