

WASHINGTONVILLE CSD
TRANSPORTATION DEPARTMENT

DAYCARE REQUEST FORM
2026-2027 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 FIVE 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, 2026

Requests submitted after deadline will require 10 working days to process

- MAIL
- E-MAIL

WCSD Transportation Office, 50 West Main Street, Washingtonville, NY 10992
daycare-request@wcsdk12.org

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

FOR OFFICE USE ONLY	
PICK-UP RT	DROP-OFF RT