JEFFERSON TOWNSHIP PUBLIC SCHOOLS
2026-2027 SCHOOL YEAR
TRANSPORTATION DAYCARE APPLICATION

Check the box for choice of day care provider:

☐ ALPINE MONTESSORI ☐ QUALITY TIME, INC. ☐ FIRST IMPRESSIONS ☐ MY SCHOOL
☐ ELEMENTS OF LEARNING ☐ LOVE & LEARNING ☐ LITTLE LEARNER
☐ **(PRE-K Students only)** JEFFERSON CHILD CARE CENTER (29 Nolans Point Rd)
☐ **(Grades K to 5 use box below)** JEFFERSON CHILD CARE CENTER (Beforecare/Aftercare)

I hereby give permission for my child, _____, to be transported to/from the _____**Day Care Center** by the Jefferson Township Board of Education Transportation Department for the entire 2026-2027 school year, effective September 2, 2026. I will require:

_____Transportation **to and from a day care 5 days a week**. Priority will be given to those requiring this transportation. Routes will be designed with these students in mind if the application is filed before the cut-off date. After July 1st, students will be placed based on seat availability.

_____Those with **"other needs"** (AM 5 days a week from one location, or PM 5 days a week to one location) will be accommodated based solely on seat availability. **PLEASE CIRCLE EITHER "AM" OR "PM"**. ***Less than 5 days a week to/from more than one location cannot be accommodated***. In August, the school secretary will notify these parents if the request can be accommodated. The last on-first off bump concept will be applied. If a new student moves into the area where this will be their legal route, the last "other needs" student will be bumped off this route.

***Complete the box below for JCCEC Beforecare/Aftercare (located at White Rock or Stanlick)**

Please check off all the apply	**5 days**
AM transportation from home TO school	
PM transportation from school TO home	
AM White Rock Shuttle (from White Rock to JTMS)	
PM White Rock Shuttle (from JTMS to White Rock)	
AM Stanlick Shuttle (from Stanlick to JTMS)	
PM Stanlick Shuttle (from JTMS to Stanlick)	
AM Stanlick Shuttle (from Stanlick to Briggs)	
PM Stanlick Shuttle (from Briggs to Stanlick)	

_____ No transportation (parent will transport)

I UNDERSTAND THAT BY CHOOSING A DAY CARE CENTER/SCHOOL AGE PROGRAMS, I WILL RELINQUISH A SEAT ON THE BUS ASSIGNED TO MY LEGAL STOP. SWITCHING BACK TO MY HOME STOP WILL DEPEND ON SEAT AVAILABILITY AND MUST BE APPROVED BY THE SCHOOL MY CHILD ATTENDS.

Signature of parent/guardian _____ Date_____

Address _____Telephone _____

Requested start date_____ (School will notify you when approved)

Daycare approval **(Will not be accepted without approval):**

_____ Date_____

(Sign and Print Name)

My child will attend _____ School.

THIS FORM MUST BE FILLED OUT EVERY YEAR. PLEASE SUBMIT DIRECTLY TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL by 6/19/26 for a requested start date of 9/2/26

The Transportation Dept will not accept forms from parents or daycare centers.