

**ARDSLEY UNION FREE SCHOOL DISTRICT  
CHILD CARE FACILITY PROVIDER FORM  
2026-2027**

Please fill out the form below and have the parent signature notarized, then return it to the Transportation Department, Ardsley UFSD, 500 Farm Road, Ardsley, NY 10502. You may also send it via e-mail to [transportation@ardsleyschools.org](mailto:transportation@ardsleyschools.org).

*The District will honor requests for transportation for any student in grades K-8 being transported between the school legally attended and before-/ after-school child care providers so long as the application is filed by **April 1, 2026** and the child care provider is also located within the District. Distance from school to provider must meet District busing qualifications of greater than .6 mile (K-4) and greater than 1.0 mile (grades 5-8).*

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

\_\_\_\_\_  
**PARENT SIGNATURE**

**DAY(S) OF CHILD CARE** \_\_\_\_\_ **AM** **PM** **BOTH**

**PROVIDER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

\_\_\_\_\_  
**PROVIDER SIGNATURE**

STATE OF NEW YORK

S.S.

COUNTY OF WESTCHESTER

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally came

\_\_\_\_\_ known to me to be the individual who executed the

foregoing statement and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public

FOR OFFICE USE: BUS ASSIGNMENT \_\_\_\_\_  
cc: Assistant Principal, Teacher, Transportation