

BERLIN CENTRAL SCHOOL DISTRICT

Transportation Department

P. O. Box 259

Berlin, NY 12022

(518) 658-2812 Phone

(518) 658-2832 Fax

Childcare Provider Information and Permission Sheet

This form is to be filled out **COMPLETELY** if you wish to have your child(ren) picked up and/or dropped off at a childcare location.

Return this form to the Transportation Department **prior** to the first day of school so that your child(ren) can be placed on the correct bus route for pick up and drop off locations. It is also important to remember to update this information with the Transportation Department should changes occur throughout the year.

Child(ren)'s Name(s)	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

911 Address of Child(ren) _____

Please circle the appropriate information:

To be picked up: HOME DAYCARE

To be dropped off: HOME DAYCARE

Name of Childcare Provider: _____

911 Address of Childcare Provider's Home: _____

Exact Location of Childcare Provider's Home: _____

Telephone Number of Childcare Provider: _____

Name of Emergency Contact Person
(if childcare provider is not home)

Telephone Number of Emergency Contact

Signature of Childcare Provider

Signature of Parent/Guardian

Date

Date

For School Use Only:

_____ BES _____ MS/HS