

Berlin

CENTRAL SCHOOL DISTRICT

Transportation Department

P. O. Box 259 Berlin, NY 12022
658-2812

(518)

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 important to remember to update this information with the Transportation Department should changes occur throughout the year. If you have questions about this form please call or email Layla Davis at (518)658-2812 or ldavis@berlincentral.org.

Child's Name	School	Grade

911 Address _____

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 Person (if childcare provider is not home): _____

Signature of Child Care Provider

Signature of Parent/Guardian

Date

Date

For School Use Only:

BES BMHS