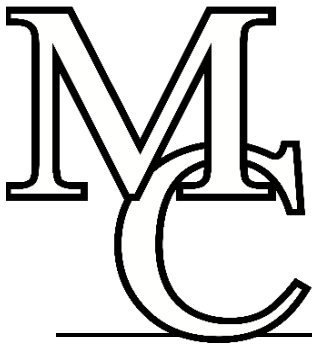


MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
AT CENTEREACH

25 NORTH BICYCLE PATH • SELDEN, NY 11784
TRANSPORTATION DEPARTMENT
631-285-8880 • 631-285-8891 (fax) • www.mccsd.net



Roberta A. Gerold, Ed.D., Superintendent of Schools
Francine McMahon, Deputy Superintendent for Instruction
Herbert B. Chessler, Assistant Superintendent for Business
James G. Donovan, Assistant Superintendent for Human Resources

Application for Child Care Transportation

For Grades K-8 ONLY

Written requests for transportation to or from a private child care facility must be submitted in writing by the parent or legal guardian to the Transportation Office. **All signatures by parents and child care providers must be notarized on the written request.** Approved child care transportation requests **DO NOT** carry over year to year. If you would like your child care transportation approval to be effective in a subsequent year, you must resubmit a new request to be considered for approval before the upcoming school year. Child Care Transportation is not provided for High School Students.

I am requesting that my child _____ who is in grade _____ be provided transportation to and/or from _____ School for the 2019/2020 school year. I certify below that my child needs transportation to and/or from the existing bus stop closest to the child care provider's residence or facility (eligible address) which will be assigned by the Transportation Office.

I _____ certify that I reside at _____.
(Parent/Guardian) (Address)

During regular school hours I am presently employed at:

(Company Name) (Address) (Phone Number)

I also certify that _____ residing at _____
(Child Care Provider) (Address and Phone Number)

provides child care service for my child as follows: _____ A.M. _____ P.M. _____
(Days) (Time) (Time)

| OFFICE USE ONLY | | | |
|-----------------|------------|------------|------------|
| AM | | PM | |
| Bus # _____ | Stop _____ | Bus# _____ | Stop _____ |

In order to process your application EACH of the sections on the next page must be notarized.

Parent and Provider Notary

Parent Notary

IN WITNESS HEREOF, the parties hereto have hereunto subscribed their names, the day and year first above written.

Middle Country Central School District
Town of Brookhaven
State of New York
County of Suffolk

By: _____
(Parent)

On the _____ day of _____ 20____, before me came

_____ to me known and known to me to be the same person described and who executed the foregoing agreement, and she/he acknowledged to me that she/he executed the same.

(Notary Public)

Provider Notary

I, _____ am presently providing child care service for
_____ at my home/facility.
(Childs Name)

IN WITNESS HEREOF, the parties hereto have hereunto subscribed their names, the day and year first above written.

Middle Country Central School District
Town of Brookhaven
State of New York
County of Suffolk

By: _____
(Child Care Provider)

On the _____ day of _____ 20____, before me came _____
to me known and known to me to be the same person described and who executed the foregoing agreement, and she/he acknowledged to me that she/he executed the same.

(Notary Public)