

TRANSPORTATION INFORMATION FORM

Student ID #

Date of Birth

CHILD'S NAME/NICKNAME _____ PHONE NUMBER _____ SEX _____

PHONE NUMBER WHERE YOU CAN BE CONTACTED: WORK _____ CELL _____

CHILD'S ADDRESS _____

NAME OF SUBDIVISION/DEVELOPMENT/COMMUNITY _____

DOES YOUR CHILD GO TO A BABYSITTER? YES ___ NO ___

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BABYSITTER'S NAME _____

BABYSITTER'S ADDRESS _____

BABYSITTER'S PHONE NUMBER _____

DOES YOUR CHILD GO TO A CHILD CARE CENTER? YES ___ NO ___

STUDENTS ATTENDING THE FOLLOWING CENTERS WILL BE ASSIGNED ACCORDINGLY:

___ CHILD TIME (AM STUDENT)

___ LA PETITE (AM STUDENT)

___ CHILDREN'S WORLD (AM STUDENT)

___ SACC (AM STUDENT)

___ GROWING FOOTSTEPS (AM STUDENT)

___ SULLY STATION CHILD CENTER (T B D)

___ OTHER _____

IT IS YOUR RESPONSIBILITY TO NOTIFY US IMMEDIATELY IF THERE ARE ANY CHANGES IN YOUR ADDRESS OR CHILD CARE ARRANGEMENTS.