

DAYCARE TRANSPORTATION REQUEST FORM

The information requested below is necessary to evaluate your request for the transportation of your child to and/or from a registered child care provider.

PLEASE NOTE: You will be required to complete a new form each year to be eligible for daycare transportation.

PLEASE PRINT

Date: _____ Requested Start Date: _____

School: _____ Grade entering: _____

Student Name: _____ Home Phone #: _____

Student Home Address: _____ Apt: _____ City: _____

Parent/Guardian Name: _____ Phone #: _____

Place of Employment: _____ Work #: _____ Cell #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

CHILD CARE PROVIDER INFORMATION

Cumc Before & After School Prog.
Child Care Facility Name (i.e. Cherie's Garden): _____ Phone #: (708) 414-6191

Child Care Facility Address: 1321 Main St. City: Crete

Is this Child Care Facility registered with the State of Illinois? Yes Reg. No# Exempt No
(if available)

*(If yes, please list their name and relationship to your student on the line below)

Is the provider registered with the State of Illinois? Yes Reg. No# _____ No

By signing this form, you authorize Crete-Monee School District 201-U to transport your student to the daycare facility/provider you have indicated above. Your child(ren) will be transported to and from this facility/provider on all days, excluding days when school is not in session. If daycare needs change, you are to contact the Crete-Monee Transportation Department as soon as possible. You will be contacted by the Transportation Department immediately if there are any problems or concerns regarding your request.

X Parent /Guardian Signature: _____ X Date: _____

District Use Only:

Approved: _____ Bus Rt: _____ Denied: _____ RC#: _____