

# 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

Child Care Facility Name (i.e. Cherie's Garden): \_\_\_\_\_ Phone #: \_\_\_\_\_

Child Care Facility Address: \_\_\_\_\_ City: \_\_\_\_\_

Is this Child Care Facility registered with the State of Illinois? Yes  Reg. No#: \_\_\_\_\_ 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.**

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## District Use Only:

Approved: \_\_\_\_\_ Bus Rt: \_\_\_\_\_ Denied: \_\_\_\_\_ RC#: \_\_\_\_\_