



Washington Township Schools

~ A Community of 21st-Century Learners ~

53 WEST MILL ROAD ~ LONG VALLEY, NEW JERSEY 07853 ~ 908.876.4172

WWW.WTSCHOOLS.ORG



JEFFREY S. MOHRE, SUPERINTENDENT

DR. JOLENE BATTITORI, ASSISTANT SUPERINTENDENT

LIZ GEORGE, SCHOOL BUSINESS ADMINISTRATOR

Child Care Information Request Form – 2020-2021

Fax: 908.876.5711

School _____

Child's name _____ Gr _____ Address _____

Child's name _____ Gr _____ Address _____

Child's name _____ Gr _____ Address _____

Child's name _____ Gr _____ Address _____

On Premise: Daily ____ < **CHOOSE** > Part-time ____ > Aftercare Days: M T W R F

EFF DATE: _____

These **On-Premise** arrangements must be the same days each week and will remain in effect through the end of the school year unless a new form is submitted indicating changes or cancellation. Parents are responsible for transportation on days when student is enrolled in aftercare but not needed.

Off Premise: Childcare Provider _____

Student/s will be transported by Washington Township bus **TO** ____ and/or **FROM** ____ their Childcare provider on a **5 day/wk** basis because of my work schedule.

Student/s will be picked up and/or dropped off **by** their childcare provider.

EFF DATE: _____

Washington Township Schools offers **Off-Premise** transportation to/from a childcare provider as a *courtesy*. Board Policy 8600 dictates that the childcare provider must be located within your child/ren's school boundary, on an existing route, provided the load level of the effected bus is less than 49 students. Off-Premise Childcare transportation must be for 5 days a week and permanent for the entire school year. **Parents are responsible to transport on irregular or alternate days when the off-premise childcare is closed or not needed.**

NOTE:
New forms are required for each school year. To **cancel** Childcare arrangements, please submit a revised form with effective date in appropriate box above & check box below.

Check here to **cancel** childcare arrangements, indicate effective date above to return student/s to the home address on file.

Parent Signature Date Principal Signature Date

----- Please email the completed form to transportation@wtschools.org -----