

# REGIONAL SCHOOL DISTRICT NO. 4

CHESTER • DEEP RIVER • ESSEX

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## DAY CARE BUS FORM

(Please complete if you require this option)

Child's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Bus to School: \_\_\_\_\_ Bus Home: \_\_\_\_\_

### Child Care Provider Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Care Address: \_\_\_\_\_

**(Please circle days that apply)**

Bus from Day Care:      Monday      Tuesday      Wednesday      Thursday      Friday

Bus to Day Care:      Monday      Tuesday      Wednesday      Thursday      Friday

Day Care Bus In: \_\_\_\_\_ Day Care Bus Home: \_\_\_\_\_

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I have read the Day Care guidelines on the reverse side of this form and agree to follow the school policies regarding bus changes:

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Received in school office on: \_\_\_\_\_