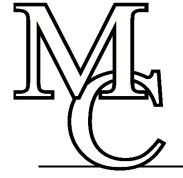
MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

AT CENTEREACH

25 NORTH BICYCLE PATH • SELDEN, NY 11784 TRANSPORTATION DEPARTMENT

631-285-8880 • 631-285-8891 (fax) • www.mccsd.net



Roberta A. Gerold, Ed.D., Superintendent of Schools Francine McMahon, Deputy Superintendent for Instruction Beth Rella, Ed.D., Assistant Superintendent for Business James G. Donovan, Assistant Superintendent for Human Resources

Application for Child Care Transportation 2024-2025 School Year

For Grades K-8 ONLY

Written requests for transportation to and/or from a private child care facility must be submitted in writing by the parent or legal guardian to the Transportation Office. Approved child care transportation requests **DO NOT** carry over year to year. In order to guarantee child care transportation begins on the first day of school, the completed request must be received by the Transportation Department by **July 5, 2024**. **All signatures by parents and child care providers must be notarized on the written request.** Child Care Transportation is not provided for High School Students.

CHECK BOX IF INFORMA	ATION IS THE SAME	AS LAST YEAR (2023-20	024)
I am requesting that my child	(Student's Name)	who is in grade(Gra	be provided
transportation to and/or from	(School of Attendance)	for the 2024-25 school	l year. I certify below
that my child needs transportation	n to and/or from the exist	ing bus stop closest to the c	child care provider's
residence or facility (eligible addı	ress) which will be assign	ned by the Transportation C	Office.
I	certify that I reside at		
I(Parent/Guardian Name)		(Address)	(Daytime Phone Number)
(Company Name) I also certify that	(Address)	g at	(Phone Number)
I also certify that(Child Care Pr	rovider)	(Address and	Phone Number)
provides child care service for my	y child as follows:	A.M	P.M
		ne sections on the next pag	
	OFFICE U	SE ONLY	
<u>AM</u>		<u>PM</u>	
Bus # Stop	В	us# Stop	

Parent and Provider Notary

IN WITNESS HEREOF, the parties hereto have hereunto subscribed their names, the day and year first above

Parent Notary

written.				
Middle Country Cer Town of Brookhave State of New York County of Suffolk	ntral School District n			
By:(Parer	nt)			
On the	day of		20	_, before me came
described and who same.	executed the foregoing	agreement, a	to me k and she/he a	known and known to me to be the same person acknowledged to me that she/he executed the
(Notary P	ublic)			
Provider Notary				
I,		am pre	sently provi	ding child care service for
(Child	s Name)	at my 1	home/facility	y.
IN WITNESS HER written.	EOF, the parties heret	o have hereur	nto subscribe	ed their names, the day and year first above
Middle Country Cer Town of Brookhave State of New York County of Suffolk	ntral School District en			
By:(Child Care	Provider)			
to me known and k	_ day of nown to me to be the set and to me that she/he exe	ame person de	escribed and	me and who executed the foregoing agreement, and
(Notary Pu	blic)			

The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.