West Deptford Township Public Schools

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www.wdeptford.k12.nj.us

CHILDCARE FORM

Only for students who are using CHILDCARE PROVIDER when travelling to and/or from school Student's Name **School Attending** Oakview ES **Red Bank ES Green-Fields ES WDMS** Grade Home Address Contact Number(s) **HOME CHILDCARE** Child will be coming **FROM** Child will **RETURN TO CHILDCARE HOME** CHILDCARE PROVIDER'S INFORMATION Childcare Provider's Name Childcare Provider's Address Childcare Provider's Phone Please note: In order to ensure that your child will have a seat on the appropriate bus and that all school and transportation personnel have the correct information this form must be completed. Also, any changes to your child's transportation arrangements during the school year require 48 HOUR-NOTICE. All changes must be made in writing through the main office of the school. Please do not give the information to the bus driver. Parent/Guardian1 (Print name then sign) Parent/Guardian2 (Print name then sign)

Date

Date