



CHILD CARE FORM
Please fill in the fields below

I will be transporting or walking my child to and from the GreatStart Program at Emerson Elementary myself
Yes _____ No _____

PLEASE NOTE: If the answer to the above question is no--

- It is highly recommended that you have a daycare provider in your own elementary school area for transportation purposes.

Student's Name/ /Home Address:

Child lives with: **CIRCLE ONE:** (Mother / Father / Both / Other)
(If other, specify who & relationship to student _____)

Parent's names & phone numbers: (Please remember to call us if these numbers ever change!)

Mother: _____ Home/Cell #s _____ Work # _____	Father: _____ Home/Cell#s _____ Work # _____	Other: _____ Home/Cell# _____ Work# _____
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Daycare Provider's name/ address/phone #s

Name:

Address:

Phone #

If address(es) qualify for busing—indicate pickup and drop-off location below for your child.

A.M. Pick up location Home or Daycare (Check One)

For half day programs

MidDay Pick up location Home or Daycare (Check One)

MidDay Drop off location Home or Daycare (Check One)

P.M. Drop off location Home or Daycare (Check One)

Additional Information please write below