

**BEFORE AND AFTER SCHOOL CARE TRANSPORTATION REQUEST FORM**

**SCHOOL YEAR – 2024-2025**

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This form is required for Methacton Parents who are requesting transportation to or from a day care facility. Please note that the day care facility must be in the same zone of the Elementary School your child is attending.

Please complete form & email to:Router12675@Firstgroup.com or please mail to: First Student, 1003 Kriebel Mill Rd Eagleville, Pa 19403 Attention: Taj Davis.

**STUDENT(S) NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELEMENTRY SCHOOL ATTENDED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAY CARE FACILITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DAY CARE ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_**

(CIRCLE DAYS)

**MY CHILD WILL BE ATTENDING DAY DARE: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY**

**DATE STARTING: \_\_\_\_\_\_\_\_\_\_\_ BEFORE SCHOOL ONLY □, AFTER SCHOOL ONLY □, BEFORE & AFTER SCHOOL □**

**\*NOTE** – DURING TIMES OF INCLEMENT WEATHER & IF YOUR DAYCARE FACILITY CLOSES. PLEASE BE ADVISED, THAT YOUR CHILD WILL BE TRANSPORTED TO THEIR HOME STOP.

**\*\*NOTE** – Methacton School School District will transport to and from only the following Day Cares:

**Eagleville Elementary School**: Kids in the Village

**Woodland Elementary School:** Short Stuff, Learning Experience

**Arrowhead Elementary School:** Chesterbrook Academy, Evansburg Play & Learn, Creative Beginnings

**Worcester Elementary School:** Kids in the Village, Creative Beginnings

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN EMERGENCY CONTACT NUMBER: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**