



# East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

**Dr. Clarence G. Ellis**  
Superintendent of Schools  
845-577-6011

**Janette Silva**  
Director School Transportation II  
845-577-6490

## ALTERNATIVE CHILD CARE REQUEST FORM FOR SCHOOL YEAR 2022-2023

**Student's Name:**

\_\_\_\_\_

Last Name

First Name

**Home Telephone #:**

\_\_\_\_\_

**Work Phone #:**

\_\_\_\_\_

**Home Address:**

\_\_\_\_\_

Street

City (Town)

**School Attending:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

### **Child Care Provider:**

**(To School) AM Pick-up at:** \_\_\_\_\_

**(From School) PM Drop Off at:** \_\_\_\_\_

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

Street

City (Town)

**Child Care Provider's Telephone Number:**

\_\_\_\_\_

**Requesting Starting Date of These Alternate Arrangements:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

All requests must be for 5 days per week, to & from same location.

The requested child care provider must be within the student's home school attendance zone.

Child care providers **MUST** accompany Kindergarten students to and from bus stops.

**Parent/Guardian Name:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_