

Montgomery Township Public Schools Daycare Provider Transportation Request Form 2025-26

1014 Route 601, Skillman, NJ 08558 ~ Fax 609-466-0944

Student _____
Last First M.I.

Grade: _____ Date of Birth: _____ Gender: _____

Residence _____
Address City, Zip Code

Parent(s)/Guardian(s) _____

Home Telephone: _____ Cell Phone: _____

Emergency contact information: Name: _____ Phone: _____

Day Care Provider Information

The morning pick-up location may differ from the afternoon drop-off location; however, **transportation must be consistent five days a week.** Students cannot switch from one bus to another, i.e. Monday, and Friday at one location and Tuesday and Thursday at another.

Day Care Provider information must be updated at the beginning of each school year, as well as, whenever there is a change of information. **Students' pick-up and drop-off location will revert back to home location at the beginning of each new school year without a new provider form.**

Parent/Guardian Signature: _____ Date: _____

***Please complete the following if your child will be attending Day Care.**

*Name or Business Name of Provider: _____

*Address: _____
Address City, Zip Code

*Day Care Telephone: _____

*Requested Start Date: _____

After the start of the school year updates to the Day Care Provider form may take up to **5 days to implement.*

** Please check all appropriate box **

*A.M. Pick-up location: Home Day Care P.M. Drop-off Location: Home Day Care

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