



CENTENNIAL SCHOOL DISTRICT
 433 Centennial Road, Warminster, PA 18974-5448
 (215) 441-6000, Extension 11046 FAX: (215) 441-5883

School Year: _____
 Principal's Approval _____
 Date _____

CHILD CARE ARRANGEMENTS

Student Name: _____ Birth Date: _____ Grade: _____
Last First Middle

Student's Home School: Davis Elementary McDonald Elementary Willow Dale Elementary

Parent/Guardian Information:

Name: _____

Name: _____

Address: _____
Number Street

Address: _____
Number Street

Township _____

Township _____

Home Phone # _____

Home Phone # _____

Work Phone # _____

Work Phone # _____

Mobile Phone # _____

Mobile Phone # _____

E-mail address: _____

E-mail address: _____

Before School Care

Monday Tuesday Wednesday Thursday Friday

Child Care Provider _____

Child Care Address _____

Child Care Phone # _____

After School Care

Monday Tuesday Wednesday Thursday Friday

Child Care Provider _____

Child Care Address _____

Child Care Phone # _____

PLEASE NOTE: THIS FORM IS VALID FOR THE CURRENT YEAR ONLY.

1. Submit this form to the building principal.
2. The building principal will forward it to the Transportation Department.
3. The Transportation Department will send a copy of this form notifying the parents/guardians and principal of acceptance or rejection.

Transportation Department Only

Before School Care

After School Care

Approved
 Denied

Approved
 Denied

Bus # _____

Bus # _____