



CENTENNIAL SCHOOL DISTRICT
 433 Centennial Road, Warminster, PA 18974-5448
 (215) 441-6000

School Year: _____
Principal's Approval _____
Date _____

CHILDCARE ARRANGEMENTS REQUEST FORM

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

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

Parent/Guardian Information:

Name: _____

Name: _____

Address: _____

Address: _____

Number Street

Number Street

Town State Zip Code

Town State Zip Code

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Mobile Phone #: _____

E-mail Address: _____

E-mail Address: _____

In order to honor a request, transportation for childcare arrangements must be on a fixed schedule that is consistent from week-to-week.

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 SCHOOL 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 notify the parent(s)/guardian(s) and principal of acceptance or rejection.

Transportation Department Only

Before-School Care

After-School Care

Approved
 Denied

Approved
 Denied

Bus # _____

Bus # _____