



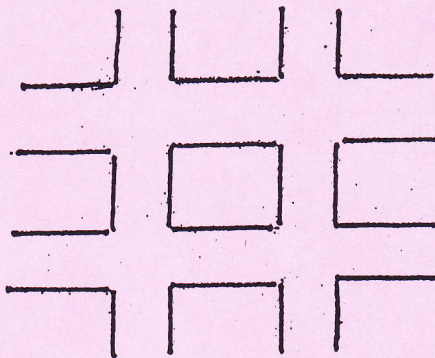
EARLY CHILDHOOD CENTER - TRANSPORTATION APPLICATION

FAMILY NAME: _____ CHILD'S FIRST NAME: _____

ADDRESS: _____ TOWN, ZIP: _____

PHONE: _____ CROSSROAD: _____

PLEASE COMPLETE INDICATING LOCATION OF YOUR HOME AND CROSSROADS:



MY CHILD IS ENROLLED IN:

2 YEAR OLD: M/W/F AM _____ T/TH AM _____ FULL DAY _____

3 YEAR OLD: 3XAM _____ 3XPM _____ 5XAM _____ 5XPM _____ 9:00-1:00 XD AM _____ 5X FD _____

4 YEAR OLD: 9:00-1:00 XD AM _____ 12:30-3:15 PM _____ 5X FD _____

DAYCARE CHILDREN ONLY:

AM PICK UP ONLY: _____ PM DROP OFF ONLY: _____

ONE MONTH DEPOSIT ENCLOSED \$ _____ MAKE CHECK PAYABLE TO: MID-ISLAND Y JCC

CREDIT CARD NO.: _____ EXP. DATE: _____
DISCOVER, MASTERCARD OR VISA ONLY

I GIVE PERMISSION TO THE MID-ISLAND Y JCC TO TRANSPORT MY CHILD BY BUS.

PARENTS SIGNATURE: _____

DATE: _____

