

note: for students attending Greene Hills ONLY

Mr. Scott Gaudet
Principal

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GREENE-HILLS SCHOOL

DAYCARE AUTHORIZATION

I, _____ hereby authorization the Bristol Board of Education to pick-up and/or drop off my child at the following daycare provider:

SCHOOL: _____ GRADE: _____

STUDENT _____ HOME PHONE _____

DAYCARE INFORMATION:

DAYCARE PROVIDER NAME: WHIS KIDS DAYCARE

DAYCARE ADDRESS: 110 DOLPHIN RD

DACYCARE PHONE #: 860-584-2644

DAYS ATTENDING DAY CARE: ___ MON ___ TUE ___ WED ___ THUR ___ FRI

(CIRCLE, WHICH APPLY) ___ PICK-UP ___ DROPO-OFF

START DATE: _____ (Must be at least 48 hour from today's date)

I under stand that the pick up and/or drop off address **MUST BE ON AN EXISTING BUS ROUTE** for the school year and **MUST BE IN MY CHID'S PUBLIC SCHOOL ATTENDANCE AREA.** I will accept full responsibility for my child when he/she is at this address.

Please submit this authorization form to the main office at your child's school, and allow 48 hour4s in change of transportation to take effect. Due to examination of the buss route(s), possible required adjustment(s) of such routes, and communication of such changes(s), this allotment of time will be required

If there is and **CHANGE IN THE DAYCARE SCHEDULE**, please notify the school or the BORAD of EDUCATION OFFICE directly, **860-5847030**

SIGNATURE OF PARENT
DATE

ADDRESS

THIS FORM MUST BE COMPLETED ON AN ANNUAL BASIS, FOR AUTHORIZATION OT CONTINUE FORM ON YEAR TO THE NEXT

SCHOOL USE ONLY

BUS STOP _____ RTE# _____