



Will your child attend **Day Care** after school?

If so, please complete this form and give it to your child's teacher on **Meet Your Teacher Day**.

Student Name: _____

Grade: _____

Teacher: _____

Parent Name(s): _____

Best parent contact numbers at the end of the school day:

1. _____
Parent Name Phone Number

2. _____
Parent Name Phone Number

Daycare your child will attend: _____

Address of the day care center: _____

What day(s) will your child travel to this day care center? Please circle all that apply.

Monday Tuesday Wednesday Thursday Friday

*Please remember to send written notice to your child's teacher of any changes in transportation throughout the year.