



SOLON DAY CARE /SPECIAL TRANSPORTATION REQUEST

Rev. 04/16

Office: 440-349-6250

Fax: 440-248-1402

DAY CARE TRANSPORTATION IS NOT GUARANTEED. In order for us to transport your child to day care we must have a minimum of 5 children from your school going to that day care location. In addition, day care transportation is limited to the number of seats we have available for transport. If our day care transportation bus becomes full, then we will not be able to transport your child until such time as space becomes available.

WE REQUIRE A MINIMUM OF 48 HOURS NOTICE TO FILL TRANSPORTATION REQUESTS.

STUDENT NAME: _____ **PHONE:** _____

ADDRESS: _____ **EMERGENCY PHONE:** _____

SCHOOL: _____ **GRADE:** _____ **EFFECTIVE DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

ATTENDANCE LOCATIONS (Please check your choices)

ART CENTER: Session 1 (8/16 – 10/13) Session 2 (10/17 – 12/21) Session 3 (1/4 – 2/24)
 Session 4 (2/27 – 4/21) Session 5 (4/24 – 6/1)

REC CENTER: Session 1 (8/16 – 10/13) Session 2 (10/17 – 12/21) Session 3 (1/4 – 2/24)
 Session 4 (2/27 – 4/21) Session 5 (4/24 – 6/1)

CREATIVE PLAYROOMS ALLEMAS KID’S CAMPUS KINDERCARE YMCA
 LE CHAPERON ROUGE BLUE MOON CHINESE SCHOOL GREAT WALL (Chinese Enrichment)
 LEARNING TRAILS CHABAD

ATTENDANCE DAYS / TIMES (Check the times that apply)

AM & PM ALL WEEK **OR** MON TUE WED THU FRI
 AM PICK-UP ALL WEEK **OR** MON TUE WED THU FRI
 MID DAY PICK-UP ALL WEEK **OR** MON TUE WED THU FRI
 MID DAY DROP-OFF ALL WEEK **OR** MON TUE WED THU FRI
 PM DROP-OFF ALL WEEK **OR** MON TUE WED THU FRI

PRIVATE DAY CARE PROVIDER (DAY CARE PROVIDER MUST RESIDE IN THE SAME SCHOOL BOUNDARY AS THE STUDENT’S BUILDING OF ATTENDANCE)

PROVIDER NAME: _____ **PHONE:** _____

PROVIDER ADDRESS: _____

AM & PM ALL WEEK **OR** MON TUE WED THU FRI
 AM PICK-UP ALL WEEK **OR** MON TUE WED THU FRI
 MID DAY PICK-UP ALL WEEK **OR** MON TUE WED THU FRI
 MID DAY DROP-OFF ALL WEEK **OR** MON TUE WED THU FRI
 PM DROP-OFF ALL WEEK **OR** MON TUE WED THU FRI

TRANSPORTATION DEPT. USE ONLY			
BUS # _____	TIME: _____	STOP LOCATION: _____	DAYS: _____
BUS # _____	TIME: _____	STOP LOCATION: _____	DAYS: _____