

HUDSONVILLE PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
3550 ALLEN, HUDSONVILLE, MI 49426
616-669-7757

DAYCARE INFORMATION

STUDENT
NAME: _____ SCHOOL: _____ GRADE: _____

HOME
ADDRESS: _____ PHONE: _____



DAYCARE
PROVIDER: _____ PHONE: _____

DAYCARE
ADDRESS: _____



PLEASE CHECK THE DAY AND TIME YOU WISH YOUR CHILD PICKED UP OR DROPPED OFF AT THE DAYCARE PROVIDERS ADDRESS:

- | | | | | |
|------------------------------|-------------------------------|---------------------------------|--------------------------------|------------------------------|
| <input type="radio"/> Monday | <input type="radio"/> Tuesday | <input type="radio"/> Wednesday | <input type="radio"/> Thursday | <input type="radio"/> Friday |
| <input type="radio"/> AM | <input type="radio"/> AM | <input type="radio"/> AM | <input type="radio"/> AM | <input type="radio"/> AM |
| <input type="radio"/> PM | <input type="radio"/> PM | <input type="radio"/> PM | <input type="radio"/> PM | <input type="radio"/> PM |

PARENTS
SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE. WE REQUEST ONE ADDRESS, WITHIN THE ESTABLISHED BUS ROUTE, WHERE YOU DESIRE YOUR CHILD TO BE DROPPED OFF OR PICKED UP. DAY CARE INFORMATION DOES NOT AUTOMATICALLY CARRY OVER FROM SCHOOL YEAR TO SCHOOL YEAR. PLEASE RENEW AT THE BEGINNING OF EACH NEW SCHOOL YEAR.