

FCSC POLICY APPENDIX 5.09 C
FAYETTE COUNTY SCHOOL CORPORATION
DAYCARE/PROFESSIONAL CHILDCARE PROVIDER FORM

Name of Daycare: _____

Owner/Operator or Childcare Provider's Name: _____

Address: _____

Phone: _____

Do you provide transportation to and from schools? YES NO
If so, what schools do you service? _____

Do you rely on FCSC bus transportation to and from the elementary school within the district you are located? YES NO

Names of student(s) you provide childcare to:

NAME**	HOME SCHOOL
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

I understand that any changes or additions to the above information must be reported to the Administration Office (Cindy Lynch, 825-2178) **AND** the transportation department (827-0891) immediately. I understand that this is for the _____ school year only.

Signature of Owner/Operator/Childcare Provider

**PARENT/GUARDIAN IS STILL RESPONSIBLE FOR COMPLETING THE "REQUEST FOR TRANSPORTATION TO DAYCARE/SITTER" FORM

Revised 2/28/14