🗆 EI	\Box CPSE						
Albany County Official Use Only							
Received							
Sent							
Entered							



Check One

Initial

Update

COUNTY OF ALBANY DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES DIVISION FOR CHILDREN WITH SPECIAL NEEDS 112 STATE STREET ROOM 300 ALBANY, NEW YORK 12207 (518) 447-4820 - FAX (518) 447-4855

Preschool Bus Transportation Information Summary

21/22 School Year

PROVIDER INFORMATION									
Child's Name					Child DOB				
School District	Provider/Agency								
Service Coordinator	Provider Contact								
Service Location Address									
Service Dates	Start	End		D	Days		Arrival Time	Departu	re Time
SeptJune			Μ	TV	W TH	F			
Check All That Apply: Car Seat Harness Booster Seat Wheelchair* 1:1 Aide* Air Condition* CPR-Trained Aide/Driver* * Doctor Prescription Required									
CHILD'S INFORMATION: <u>ALL information is required</u> !									
Home Address									
Pick-Up Address							M T T	W TH Days	F
Telephone		Responsible P	erson						
Pick-Up Address								W TH Days	F
Telephone	Responsible Person								
Drop-Off Address							1	W TH Days	F
Telephone	Responsible Person								
Drop-Off Address								W TH Days	F
Telephone		Responsible P	erson						
Emergency Drop Off (within 1 mile of drop off)									
Telephone	Responsible Person								
Parent/Guardian (Print Name)			Но	me/Cell Ph	one				
			, v	Work Phon	e				
I hereby acknowledge ar responsibilities	nd agree to terms of procee	dures and			irm that to l to the pa		procedure and ardian	responsi	ibilities
Parent/Gu	ardian Signature	Date			Program S	ignature		Dat	te

E-Mail to PreSchoolTransportation@albanycountyny.gov

NOTE: All information must be provided BEFORE transportation will be approved ♦ Parent MUST contact program for all changes. A <u>minimum of seven (7) business days</u> is required before changes can take place!