

BRUNSWICK CITY SCHOOL DISTRICT CHILD CARE ARRANGEMENTS

(ONE FORM FOR EACH CHILD-PLEASE PRINT)

Student Name _____

School _____

Home Address _____

Grade _____

Child Care Address-A.M. _____

Home Phone _____

Child Care Address-P.M. _____

Work Phone (M) _____

Work Phone (F) _____

Child Care Provider _____

Child Care Provider Phone _____

From: _____ To: _____
Effective Dates

Reason for request: _____

Date _____

Signature (Parent/Guardian) _____

BS 1/96

White-Transportation

Yellow-School