

KINGS PARK CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

Transportation Supervisor

(631) 269-3362

To: The Kings Park Board of Education

I hereby request childcare transportation for:

Name:

Address:

Phone:

Emergency:

During the 2018 – 2019 School Year Grade:

School Attending: PV FS WTR RJO

Other:

Current: a.m. Rt: _____ Stop

p.m. Rt: _____ Stop

CHILD CARE INFORMATION

**Address of child care: New Beginnings
 180 Lawrence Road - Kings Park, NY 11754**

Name of responsible adult: Sylvia Bastone Phone: 631-663-5437

EFFECTIVE DATE:

Time of care: _____ a.m. _____ p.m.

Parent Signature: _____ Date: ____ / ____ / ____

New: a.m. Rt: _____ Stop

p.m. Rt: _____ Stop

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION PLAN
Child Day Care Programs

Provider Name: Kings Park Central School District Facility ID Number: 618984

Program Name: New Beginnings of Kings Park

Effective Date of Transportation Plan: 09 / 04 / 2018

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

1. The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.
2. A child will never be left unattended in any motor vehicle or other form of transportation.
3. Every child will board or leave a vehicle from the curb side of the street.
4. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by: (who)
 Kings Park Central School District
5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.
6. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
7. The Program will display daily transportation schedules at the following locations: (where)
 Office
8. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.
9. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.
10. The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: Kings Park Central School District

Facility ID Number: 618984

Program Name: New Beginnings of Kings Park

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

I give permission for my child (*name*) _____

to be transported by (*caregiver
names and/or transportation
contractor arranged for by the
program*) _____

At the following times (*check all that apply*):

Only as recorded on the posted transportation schedule for my child

Other (*explain*) _____

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____