

Frogbridge Transportation Information for 2012

MUST BE COMPLETED – One per family

PLEASE FILL OUT AND RETURN A.S.A.P.

Is your child participating in Central Express (Centralized Pickup/Drop off)? No Yes

Camper #1 Name: _____

Last Name First Name

Camper #2 Name: _____

Last Name First Name

Camper #3 Name: _____

Last Name First Name

Address: _____ City: _____ Zip: _____

Phone (at pick up address): _____

Show exact location of house by marking an "X" on correct side of street.

Fill in all streets bordering your house.

Show nearest main roads.

* One way street, indicate with an → which direction.

Indicate if your house is on a dead-end street or in a cul-de-sac.

Is your street a busy thoroughfare? Circle yes no

_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Community or Development: _____

We live between these two streets: _____ & _____

The nearest MAIN roads are: _____ & _____

Special Instructions: (landmarks, etc) _____

Describe any problems that the bus may encounter: _____

Frogbridge Transportation will make every effort to accommodate special bussing requests within the same development, however, requests are not promised nor guaranteed. **Note: The other family must reciprocate the request.**

Please circle your preference and sign below:

My child has permission to enter our home alone. **YES** **NO** Parent Signature: _____ Date: _____

EXTENDED CARE REQUESTS

(for campers **NOT** utilizing our transportation service)

I wish to place my child(ren) in the following extended care program:

A.M. early care (7:30 – 8:45)

P.M. extended care (4:00 – 6:00)

Both A.M. and P.M. care

I understand that extended care begins no earlier than 7:30 am and that my child must be picked up no later than 6:00 pm. On the last day of camp my child must be picked up no later than 5 pm. I also understand that transportation may not be available once camp begins.

609-208-9050/732-786-9050 Phone * 609-208-9052 Fax