

EAST BRIDGEWATER PUBLIC SCHOOLS
Request for Daycare Stop 2010-2011 School Year

1. Students Name: _____
(please print)

School: _____ Grade: _____

2. Parent/Guardian: _____

3. Address: _____

4. Contact Number(s): home _____ work _____ cell _____

5. Daycare Address: _____

Day and Times: please check the box that corresponds to the day and time your student will be going to the daycare address/only one additional address, other than the home address, allowed per student.

Monday AM PM AM & PM

Tuesday AM PM AM & PM

Wednesday AM PM AM & PM

Thursday AM PM AM & PM

Friday AM PM AM & PM

MAIL TO: East Bridgewater Public Schools
 Superintendent's Office
 11 Plymouth Street
 East Bridgewater, MA 02333

Attention: Joanne Benner

FOR SCHOOL USE ONLY

Date Received: _____ ***Received By:*** _____

Entered: _____ ***Notify School/First Student:*** _____