

**MOTHER HEN'S HELPERS ~ (914) 238-1515 OFFICE ~ (914) 238-1335 FAX**

**REQUEST FOR SCHEDULED TRANSPORTATION ( Minimum of 4 consecutive weeks )**

**NOTE: All trips requested are subject to approval ( based on availability, time and location ) – Our office will contact you regarding the status of your request. Submission of form is mandatory for scheduled requests. Please be advised that there will be **NO CREDIT GIVEN FOR CANCELLATIONS** for scheduled transportation ( Excluding any Holidays providing that our office is supplied with your program's official calendar showing closings ). Once we have reserved a vehicle for you, at your request, the driver has to be compensated whether or not your child uses the service. Also please be advised that there will be **NO SERVICE OFFERED PAST 6:00pm** and service will be **limited** between the hours of 7:00 – 9:30am and 2:00 – 4:00pm. All information must be completed before request can be processed – **incomplete forms will be returned.** If more than one child requires transportation, please use separate page for each child. **Any permanent changes to an existing schedule should be submitted to our office in writing prior to the change taking effect to ensure a smooth transition in your child's arranged transportation.****

Child's Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Car Seat: Yes / No

Home Address: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

Town: \_\_\_\_\_ Work or Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

Name of Program : \_\_\_\_\_ Group Name: \_\_\_\_\_

Program Address: \_\_\_\_\_ Program Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

Town: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Beginning Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Program Hours: \_\_\_\_\_ Start Time of Program \_\_\_\_\_ End Time of Program

**\* Please circle below your child's transportation needs ( see example at bottom of page ):**

**Monday**                      Take In Only                      Take Home Only                      Round Trip

Special Request (please specify) \_\_\_\_\_

**Tuesday**                      Take In Only                      Take Home Only                      Round Trip

Special Request (please specify) \_\_\_\_\_

**Wednesday**                      Take In Only                      Take Home Only                      Round Trip

Special Request (please specify) \_\_\_\_\_

**Thursday**                      Take In Only                      Take Home Only                      Round Trip

Special Request (please specify) \_\_\_\_\_

**Friday**                      Take In Only                      Take Home Only                      Round Trip

Special Request (please specify) \_\_\_\_\_

**Example:** Your child only needs take home transportation on Friday's and the bus would need to pick up the child's nanny at home first before picking up at the program and then return both child and nanny home. **\*\* If times are different on different days, please note on the special request line, the proper times for each day transportation is requested \*\***

**Friday**                      Take In Only                      **Take Home Only**                      Both Ways

**Special Request (please specify)**      Pick up nanny at home first