



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program Name: **Alcott School**

Facility ID Number: **630614 (Dobbs Ferry)**  
**0040566 (Scarsdale)**

**If your child receives Preschool or Early Intervention Special Education Services, please read the following and complete the form below.**

- I assume full responsibility for my child in route to and from Alcott School.
- I agree to allow the transportation company contracted by the Westchester County Department of Health to transport my child to and from the Alcott School.
- I authorize Alcott School to exchange information with the Westchester County Department of Health any information needed to arrange bus transportation for my child (e.g., pick up/drop off sites; emergency numbers, etc.)

**Signature of Parent/ Guardian\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Please note that the term Guardian applies to the child's LEGAL guardian, e.g., DSS or natural parents are the usual legal guardians for foster children.

Revised 08/2020