

**REGISTRATION FORM FOR PARENT TRANSPORTERS**

ERIE COUNTY DEPARTMENT OF HEALTH  
PRESCHOOL PROGRAM  
95 FRANKLIN ST., ROOM 828  
BUFFALO, NY 14202

Effective Date Parent Will Start to Transport: \_\_\_\_\_

PARENT TRANSPORTER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
(NAME ON CPSE PHASE 1 IEP)

PARENT ADDRESS: Street \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

PARENT SOCIAL SECURITY NUMBER: \_\_\_\_\_ (Same Parent As Above)

CHILD'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

AGENCY OR RELATED SERVICE LOCATION: \_\_\_\_\_

INDICATE MILEAGE FROM HOME TO AGENCY OR SITE ▶ ▶ ▶ ▶ ▶ \_\_\_\_\_ (ONE WAY ONLY)

CHECK  APPROPRIATE BOX THAT APPLIES:

- BOTH WAYS WITH PARENT STAYING WITH CHILD AT SCHOOL - TWO TRIPS
- BOTH WAYS (DROPPING OFF AND PICKING UP LATER) - FOUR TRIPS
- ONE WAY (AND BUS ONE WAY) - TWO TRIPS
- OTHER(PLEASE EXPLAIN): \_\_\_\_\_

2 TRIPS = \$ 5.00/DAY MINIMUM & \$10.00/DAY MAXIMUM 4 TRIPS = \$10.00/DAY MINIMUM & \$20.00/DAY MAXIMUM  
OR \$.40 PER MILE

The parent will notify the agency immediately if there is a change in address or if he/she terminates transporting his/her child. The agency, in turn, will immediately notify the Erie County Department of Health/Preschool Program of any changes and the effective date.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Same As Parent Above)

AGENCY VERIFICATION SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO PROCESS PAYMENTS.**