

Westchester Reform Temple
Early Childhood Center
Caregiver Information Form

Name of Child: _____

Caregiver Name: _____

Caregiver Address: _____

Phone Number: _____ Cell Phone:

If your caregiver is bringing your child to and from school:

Does she drive? Yes ___ No ___

Use a taxi Service? Yes ___ No ___

If using a taxi service, which one? _____

Phone #: _____

Signature: _____ Date: _____

Please inform us of any changes promptly.

Thank you.