



Manalapan- Englishtown Regional School District Request for Child Care Transportation

Student Name: _____ Home Address: _____ Ph#: _____

Listed below are the **only** before and aftercare schools that we can provide transportation to and from the MERS district schools. Transportation requests need to be for **5 consecutive days**. Each child is only assigned one seat on a bus for the morning and afternoon. Please indicate the choice of child care by checking the appropriate location. Make sure your child's MERS School of attendance is serviced by your request. All requests must be submitted by 8/15/25. Any forms received after the deadline will not be processed until 9/30/25.

<u>School Name, Address & Telephone</u>	<u>Grades Serviced</u>	<u>Schools Serviced</u>	<u>Pick Up Only</u>	<u>Drop Off Only</u>	<u>Pick Up & Drop Off</u>
___Inspire 78 Millhurst Rd.(732) 446-4747	PreK – 5th	ELC (K WB) & WB	_____	_____	_____
___Goddard 22 Wilson Ave. (732) 446-5155	PreK – 5th	TM, CM, MB & ELC	_____	_____	_____
___Ivy League 140 Gordons Corner Rd., (732) 446-7035	PreK – 8th	TM, CM, ELC,MB,PB & MEMS	_____	_____	_____
___Manalapan Montessori 100 Bridge Plaza (732) 536-8181	PreK – 5th	ELC & MB	_____	_____	_____
___Royal Montessori 337 Rt. 9 South (732) 786-3133	PreK – 5th	ELC (K LM) & LM	_____	_____	_____
___Let's Grow 203 Taylor Mills Rd (732) 252-9906	PreK – 5th	ELC (K LM) & LM	_____	_____	_____
___Learning Experience 65 Rte. 33 (732) 462-0015	PreK – 5th	ELC (K WB) & WB	_____	_____	_____
___Lightbridge Academy Harmon Mall (732) 972-1400	PreK – 5th	ELC (K LM), LM & TM	_____	_____	_____
___Catherine's Cottage 50 Main Street (732) 490-7795	PreK – 8th	MEMS, PB, TM & ELC	_____	_____	_____

NOTE: Private child care must reside in the student's school zone & arrangements must be made to pick up and/or drop off at the same address for 5 consecutive days.

Name of private child care/responsible person: _____ Telephone: _____

Private child care/responsible person's address (pick up/drop off location): _____

_____ Date _____

Parent/Guardian Signature

Pick up only _____ Drop off only _____ Pick up & Drop off _____

Please email the completed form to valeriecasale@mersnj.us or fax to 732-786-2647