

5001 Baptist Road * Pittsburgh, PA 15236* 412-440-0509 www.baldwincommunityumc.com

July 26, 2018

Dear Parents,

For the past three years we have provided for a limited amount of families a curbside drop off and pickup program. We truly enjoy and believe it is important for parents to come into the building to drop off/pick up their child. This gives us the opportunity to speak to you on a one on one basis and establish a rapport with our parents. This also gives families the opportunity to read the bulletin boards or signup for additional classes such as Enrichment or Extended day. However, the safety concerns that I have been witnessing over the past few school years have led me to believe that a curbside service is really needed for *some* families.

We want to continue to encourage families to use the "buddy system" where you make arrangements with another parent to take turns bringing the children across the street and into the building. We realize that this still may not be an adequate solution for all families and their circumstances, so for those that really feel that a curbside drop off/pick up service is best for their situation, we invite you to complete the attached registration form and return it to the office as soon as possible.

Please submit an application only if you believe that you have a *valid need* for this service. A limited amount of applications will be selected. Finalized details and instructions will be provided to the approved registered participants at Parent Kickoff Night in September.

Please mail back the application to the preschool no later than August 15, 2018.

Sincerely,

Cull Barring

Carol B. Barringer

BALDWIN COMMUNITY PRESCHOOL CURBSIDE PROGRAM

DAYS:MON SESSION:AM TUESPM WEDT class THURS FRI	FAMILY N	AME:	Phone Number	
2. NAME	CHILD(REN	N) TO BE DRC	opped off:	
3. NAME	1.			
SERVICE NEEDED (PLEASE CHECK ONE): DROP OFF ONLY PICK UP ONLY BOTH CHILD(REN)S CLASS SCHEDULE (IF MORE THAN ONE CHILD, CHECK ALL THAT WILL APPLY): DAYS: MON SESSION: AM TUES PM WED T class FRI	2.	NAME		
CHILD(REN)S CLASS SCHEDULE (IF MORE THAN ONE CHILD, CHECK ALL THAT WILL APPLY): DAYS: MON SESSION: AM TUES PM WED T class THURS FRI	3.	NAME		
DAYS:MON SESSION:AM TUESPM WEDT class THURS FRI	SERVICE N	JEEDED (PLEAS	E CHECK ONE): DROP OFF ONLY PICK	K UP ONLY BOTH
TUES PM WED T class THURS FRI	CHILD(REN	N)S CLASS SO	CHEDULE (IF MORE THAN ONE CHILD, CHECK	K ALL THAT WILL APPLY):
REASON FOR CONSIDERATION		TUES WED THURS	PM	
		OR CONSIDE	RATION	
NUMBER OF DASHBOARD CARDS NEEDED CAR INFORMATION: (CAR THAT WILL BE USED TO TRANSPORT CHILD(REN)):				PORT CHILD(REN)):
MAKE/MODEL/COLOR	MAKE/MOI DRIVER MAKE/MOI	DEL/COLOR		