



## OLD WESTBURY TRANSPORTATION INFORMATION

Camper Name	Program(s)	Age
Address		
City / State / Zip	Primary E-Mail	
Home Tel #	Cell Tel #	Work Tel #

\*\* Please indicate the nearest cross street and any other important notes or landmarks:

---

---

My child has permission to be dropped off without a parent/guardian at home.

YES / NO (Please Circle)

Please list parents or guardians who will be meeting the camper and any additional information that we should be aware of:

---

---

*Note – Enrollment is weekly, therefore BUS pick-up/drop-off times, and route may/will vary slightly during the summer for campers attending multiple weeks.*

Please return to our administrative office;

**Future Stars**  
546 Bedford Road  
Armonk, NY 10504  
Fax # 914-273-8506