



Transportation Authorization/Plan

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- PARENT/FAMILY DROP OFF
- SUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER _____

MY CHILD WILL DEPART FROM THE PROGRAM:

- PARENT/FAMILY PICK UP
- SUPERVISED WALK
- PUBLIC/PRIVATE/VAN
- PROGRAM BUS/VAN
- CONTRACT/VAN
- PRIVATE TRANS. ARRANGED BY PARENT
- OTHER _____

***If your child does not arrive at school within one hour of his/her scheduled time and we have not received a call or email to say he/she is absent we will call you.**

***Please provide the best number to reach you.** _____

Names of people allowed to pick up my child:

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT
FORM FOR RELEASE INFORMATION