



# MAP @ the PFAFF

## 2019-2020 Alternative Transportation Plan & Authorization

[www.medfielddafterschoolprogram.com](http://www.medfielddafterschoolprogram.com) • 508-359-2168 • [kurt14.map@gmail.com](mailto:kurt14.map@gmail.com)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My child has permission to **ARRIVE AT MAP** at a different time: \_\_\_\_\_ via:

\_\_\_\_ Parent Drop Off      \_\_\_\_ Private Transportation Arranged By Parent/Guardian

\_\_\_\_ Unsupervised Walk      \_\_\_\_ OTHER: \_\_\_\_\_

My child has permission to **LEAVE MAP** on: (date/s): \_\_\_\_\_ OR Every \_\_\_\_\_

\_\_\_\_ Monday    \_\_\_\_ Tuesday    \_\_\_\_ Wednesday    \_\_\_\_ Thursday    \_\_\_\_ Friday

**AT (TIME)** \_\_\_\_\_

**Via:**    \_\_\_\_ Unsupervised Walk      \_\_\_\_ Bicycle      \_\_\_\_ Other \_\_\_\_\_

**Final destination address:** \_\_\_\_\_

**Route child will travel:**

*\*Please call \_\_\_\_\_ once my child has left MAP.    \_\_\_\_yes    \_\_\_\_not necessary*

**My child has permission to LEAVE MAP on any given day in which I, the parent/guardian, notifies the program in advance by phone, email or in person, via:**

\_\_\_\_ Unsupervised Walk      \_\_\_\_ Bicycle      \_\_\_\_ Other \_\_\_\_\_

**Final destination address:** \_\_\_\_\_

**Route child will travel:**

*\*Please call \_\_\_\_\_ once my child has left MAP.    \_\_\_\_yes    \_\_\_\_not necessary*

**Parent /Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_