



4th – 6th Grade Program ~ Alternative Transportation Plan & Authorization

www.medfieldafterschoolprogram.com • 508-359-2168 • kurt14.map@gmail.com

With written parental permission, school age children ages 9 and up may sign themselves out of the program and leave independently.

Child's Name: _____ Grade: _____

Arrival Permission: My child has permission to **arrive at MAP at a different time:** _____ am/pm

Arrival method (check one): _____ Parent Drop-Off _____ Unsupervised Walk

_____ Private Transportation Arranged by Parent/Guardian

_____ Other: _____

Departure Permission: My child has permission to **leave MAP:**

_____ On (specific date/s): _____

_____ OR Every: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

At (time): _____ pm

_____ OR any given day **if I notify the program in advance** (by phone, email, or in person).

Departure method (check one): _____ Unsupervised Walk _____ Bicycle

_____ Other: _____

Activity or Final Destination Address: _____

Route Child Will Travel: _____

_____ Please call (_____) _____ once my child has left MAP. _____ Not Necessary to call

By signing below (typed name accepted) I acknowledge that the Medfield Afterschool Program is not responsible for my child once they leave the program.

Parent/Guardian Signature: _____ Date: _____