

TRANSPORTATION AUTHORIZATION FOR EACH CHILD WHO WALKS OR IS TRANSPORTED TO OR FROM THE PROGRAM NOT ACCOMPANIED BY HIS/HER PARENT(S)

NAME OF CHILD CARE PROGRAM:

I HAVE MADE ARRANGEMENTS FOR MY CHILD

NAME OF CHILD

TO TRAVEL BETWEEN HOME AND/OR SCHOOL AND THE CHILD CARE PROGRAM BY

PLEASE INDICATE MEANS OF TRANSPORT, I.E. WALKING, BUS, PRIVATE CAR, BICYCLE, ETC..

I HAVE INFORMED THE CHILD CARE PROGRAM OF MY CHILD'S SCHEDULED DAYS OF ATTENDANCE, ARRIVAL AND DEPARTURE TIMES. **I AGREE** TO NOTIFY THE CHILD CARE PROGRAM PRIOR TO SCHEDULED ARRIVAL TIME, OF ANY SCHEDULE CHANGES OR ABSENCES. **THE CHILD CARE PROGRAM AGREES** TO NOTIFY ME IF MY CHILD DOES NOT ARRIVE AT THE CHILD CARE PROGRAM AS SCHEDULED. **I UNDERSTAND THAT THE CHILD CARE PROGRAM IS RESPONSIBLE FOR MY CHILD ONLY FROM THE TIME HE/SHE ARRIVES AT THE PROGRAM UNTIL HE OR SHE LEAVES THE PROGRAM.**

PARENT SIGNATURE

DATE SIGNED

FAMILY CHILD CARE PROVIDER/CENTER DIRECTOR SIGNATURE

DATE SIGNED