

TRANSPORTATION PLAN AND AUTHORIZATION

[7.09(3) AND 7.12(1)]

CHILD'S NAME: _____ Meeting House Preschool
162 Main Street
MY CHILD WILL ARRIVE AT THE PROGRAM BY: East Orleans MA 02643
508 255 8793
na UNSUPERVISED WALK

na SUPERVISED WALK (WHO _____)

na SCHOOL BUS DROP OFF

na PROGRAM BUS

na PROGRAM VAN

PARENT DROP OFF

_____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ PARENT PICK UP

na UNSUPERVISED WALK

na SUPERVISED WALK (WHO _____)

na PROGRAM BUS

na PROGRAM VAN

_____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____