

# TRANSPORTATION PERMISSION - CHILD CARE CENTERS

I give permission for my child to be transported to and from school, Cost of Transportation is \$40.00 per month for a full time child each. Payments are made on the last Friday of the month, for the next month, no refunds and a \$15.00 late fee if paid late. Non payment may also result in suspension of drop-off and pick-up of your child.

**Instructions:** The parent / guardian should complete this form for placement in the child's file at the center and update the information as needed. The center shall maintain the completed form in the child's file for the duration of the child's enrollment. Note: A copy of this form shall be carried in the vehicle when transporting the child.

**CHILD INFORMATION**

Name \_\_\_\_\_ Address - Home (Street, City, State, Zip Code) \_\_\_\_\_

Yes  No Does the child have any special health care needs? If "Yes", attach Childs History

**PARENT / GUARDIAN INFORMATION** Provide information where the parent / guardian may be reached while the child is in care.

Name \_\_\_\_\_ Telephone Number - Home \_\_\_\_\_ Telephone Number - Work \_\_\_\_\_ Telephone Number - Cellular \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number - Home \_\_\_\_\_ Telephone Number - Work \_\_\_\_\_ Telephone Number - Cellular \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** Provide information on the person to contact if the parent / guardian cannot be reached.

Name \_\_\_\_\_ Address (Street, City, State, Zip) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**AUTHORIZED DESTINATIONS / PERSONS INFORMATION**

Address Child Transported From (Street, City, State, Zip) \_\_\_\_\_ Address Child Transported To (Street, City, State, Zip) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Parents are responsible for informing the childcare of changes of the child's routine schedule. If you did not inform the childcare center that you picked up your child from school, or your child is not at the designated pickup location at the appropriate time, we will make every effort to reach the parents by phone. A child that is not at the designated pick up place will be charged a \$10.00 "FINDER FEE" per incident. Keeping us informed of any changes in advance is the best way to avoid confusion for the child, school, teachers, and will help you avoid the fee.

**HEALTH CARE PROVIDER INFORMATION**

Name - Physician \_\_\_\_\_ Address (Street, City, State, Zip Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**AUTHORIZATION**

Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.  
 Yes  No I hereby give permission for my school-aged child to enter a building unescorted.

SIGNATURE - Parent / Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_