

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- _____ Parent Drop Off
- _____ Supervised Walk
- _____ Unsupervised Walk
- _____ Public/Private/Van
- _____ Program Bus/Van
- _____ Contract/Van
- _____ Private Trans. Arranged by Parent
- _____ Other

MY CHILD WILL DEPART FROM THE PROGRAM:

- _____ Parent Pick Up
- _____ Supervised Walk
- _____ Unsupervised Walk
- _____ Public/Private/Van
- _____ Program Bus/Van
- _____ Contract/Van
- _____ Private Trans. Arranged by Parent
- _____ Other

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

*IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____