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:	MY CHILD WILL DEPART FROM THE PROGRAM:
___PARENT DROP OFF	___PARENT PICK UP
___SUPERVISED WALK	___SUPERVISED WALK
___UNSUPERVISED WALK	___UNSUPERVISED WALK
___PUBLIC/PRIVATE/VAN	___PUBLIC/PRIVATE/VAN
___PROGRAM BUS/VAN	___PROGRAM BUS/VAN
___CONTRACT/VAN	___CONTRACT/VAN
___PRIVATE TRANS. ARRANGED BY PARENT	___PRIVATE TRANS. ARRANGED BY PARENT
___OTHER	___OTHER

I give permission for my child to be released from the program at the end of the program 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_____

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