



ALPHABET ZONE EARLY STEAM CENTER

TRANSPORTATION AUTHORIZATION

I _____ (PARENTS NAME) GIVE PERMISSION FOR MY CHILD
_____ (CHILD'S NAME) TO BE TRANSPORTED BY ALPHABET ZONE
EARLY STEAM CENTER.

CHECK ALL THAT APPLY: () SCHOOL () FIELD TRIPS () TO AND FROM HOME

I UNDERSTAND THAT STAR KIDS WILL ENFORCE SEAT BELT USAGE AT ALL TIMES.
I UNDERSTAND THAT MY CHILD WILL BE IN A CAR SEAT OR BOOSTER SEAT (ACCORDING TO THE
LAW AND AGE REQUIREMENTS) WHILE IN THE CAR AT ALL TIMES. I ALSO UNDERSTAND MY CHILD
WILL NOT BE LEFT ALONE IN THE CAR FOR ANY REASON. ALPHABET ZONE EARLY STEAM CENTER
CARRIES AUTO INSURANCE AS REQUIRED BY LAW. PARENTS WILL BE REQUIRED TO SUPPLY
REQUIRED RESTRAINT SYSTEM FOR THEIR CHILD IF TRANSPORTATION IS REQUESTED.

ALPHABET ZONE EARLY STEAM CENTER HAS MY PERMISSION TO ADMINISTER ANY AND ALL
FIRST AID AND EMERGENCY PROCEDURES THAT MY CHILD MAY NEED WHILE BEING TRANS-
PORTED BY THE CENTER. I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED TO THE
NEAREST EMERGENCY CENTER FOR TREATMENT.

PARENTS SIGNATURE

DATE