Gotta Love Me Childcare

36 W. Maple Ave, Merchantville, NJ 08109 Phone: 856-444-0751 | Email: gottaloveme2024@outlook.com

Before & After School Program Transportation Permission & Liability Release Form School Year 2025–2026

Child's Name:	
Child's Name: Date of Birth:	
School Attending:	
Grade:	
Parent/Guardian Information Parent/Guardian Name: Phone Number: Email Address:	
	mission for my child to be transported by Gotta Love Me Before and/or Afterschool Program during the 2025–2026
Transportation may include: - Pick-up from school and transport to GLMC - Drop-off from GLMC to school	
 2. I release, discharge, and hold harmless Gotta Loand representatives from any and all liability, claim negligence or willful misconduct. 3. I understand GLMC will make every reasonable or circumstances may occur. 	ion services solely for the purpose of transporting my child. ove Me Childcare, its directors, staff, volunteers, agents, ns, or causes of action, except in cases of proven gross effort to ensure safe transportation, but unforeseen s ready for pick-up and drop-off at designated times and
Medical & Emergency Consent In the event of an emergency, I authorize GLMC sta for my child until I can be reached. I accept financia	aff and contracted drivers to seek necessary medical attention I responsibility for any medical services rendered.
Acknowledgment By signing below, I confirm that I have read, unders and liability release form.	tood, and agree to the terms of this transportation permission
Parent/Guardian Signature:Printed Name:	
GLMC Staff Signature (Received by):	Date: