

School-age Child Transportation Agreement



attends

(CHILD NAME)

(SCHOOL)

Please check which days you need transportation:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Approximate time of drop off: _____ Approximate time of pick up: _____

Please note any special schedules: _____

They will be transported/escorted between the child care facility and the school by (check applicable type)

- ☐ School Bus or:
☐ Arrive/Depart unescorted with my permission or:
☐ Child Care Center transportation

Transportation will be by:

- ☐ Center Vehicle
☐ Personal Vehicle

And will be driven by:

- ☐ Center Staff or a ☐ Volunteer

If my child is not at the designated pickup site, or does not arrive as planned, please contact:

Parent or Guardian at: () School at: ()

in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child.

My child also has permission to (**specify**, e.g. work with their teacher after school, attend an extracurricular class or meeting, and/or depart for home at a specific time):

Parent/Guardian Signature

Date

You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact the DELC at 503-947-1400