



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 Van / Bus

Program Van / Bus

Contract Van

Contract Van

Private Transportation
Arranged By Parent

Private Transportation
Arranged By Parent

Other

Other

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree that the parties agree that this document may be electronically signed. The parties agree that the electronic signature appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

Parent/Guardian Signature:

Date:

Refer to first aid and emergency medial care consent form for release information

INSTRUCTIONS

Return this form via fax to A Bright Beginning, Inc at 978-777-1452 or email your completed form to info@abrightbeginninginc.com by clicking on the button below.