



2646 Grand Ave  
 Billings, MT 59102  
 (406) 656-1868  
[www.billingsdropin.com](http://www.billingsdropin.com)

**Transportation Authorization Form**  
**2021-22 School Year**

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please check the school, pickup time, and circle days your child needs transportation.*

<input type="checkbox"/> Broadwater Elementary	<input type="checkbox"/> 2:10p	<input type="checkbox"/> 2:50p	Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Arrowhead Elementary	<input type="checkbox"/> 2:15p	<input type="checkbox"/> 3:00p	Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Poly Drive Elementary	<input type="checkbox"/> 2:18p	<input type="checkbox"/> 3:00p	Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Miles Ave Elementary	<input type="checkbox"/> 2:18p	<input type="checkbox"/> 3:00p	Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Rose Park Elementary	<input type="checkbox"/> 2:20p	<input type="checkbox"/> 3:05p	Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Burlington Elementary	<input type="checkbox"/> 2:28p	<input type="checkbox"/> 3:10p	Mon	Tue	Wed	Thur	Fri
<input type="checkbox"/> Meadowlark Elementary	<input type="checkbox"/> 2:30p	<input type="checkbox"/> 3:10p	Mon	Tue	Wed	Thur	Fri

***Acknowledgements and Fees***

*I agree to pay a pick-up fee (\$5.00 1-2 days, \$3.00 3+ days) each day my child is picked up in addition to hourly charges. I acknowledge that regular hourly charges apply once my child is picked up from school and all fees and hourly charges are due at the time of child pickup at the end of each day.*

*I give my permission to West End Drop-In Child Care to pick up and transport my child from school to their child care facility. I understand that my child will travel with an authorized representative of West End Drop-In Child Care in an approved vehicle with proper insurance and safety equipment. If I do not want my child to be picked up from school for any given day that he/she has been signed up for, I will contact the daycare at least one hour prior to my child's scheduled pickup time. Failure to do so will result in a charge for the first hour and transport fee.*

*I have read and understand the acknowledgments and fees above.*

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_