



2646 Grand Ave
 Billings, MT 59102
 (406) 656-1868
www.billingsdropin.com

Transportation Authorization Form
2024-25 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.

___ Big Sky Elementary	___ 2:15p	___ 3:00p	Mon	Tue	Wed	Thur	Fri
___ Central Heights Elementary	___ 2:18p	___ 3:00p	Mon	Tue	Wed	Thur	Fri
___ Poly Drive Elementary	___ 2:18p	___ 3:00p	Mon	Tue	Wed	Thur	Fri
___ Miles Ave Elementary	___ 2:18p	___ 3:00p	Mon	Tue	Wed	Thur	Fri
___ Rose Park Elementary	___ 2:20p	___ 3:05p	Mon	Tue	Wed	Thur	Fri
___ Burlington Elementary	___ 2:28p	___ 3:10p	Mon	Tue	Wed	Thur	Fri
___ Meadowlark Elementary	___ 2:30p	___ 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: _____