**South Shore Community Center Nursery School**

**Transportation Plan and Authorization**

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

\_\_\_PUBLIC/PRIVATE/VAN \_\_\_PUBLIC/PRIVATE/VAN

\_\_\_PROGRAM BUS/VAN \_\_\_PROGRAM BUS/VAN

\_\_\_CONTRACT/VAN \_\_\_CONTRACT/VAN

\_\_\_PRIVATE TRANS. ARRANGED BY PARENT \_\_\_PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_OTHER \_\_\_OTHER

PARENT /GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION**