

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- ☐ PARENT DROP OFF
- ☐ SUPERVISED WALK
- ☐ UNSUPERVISED WALK
- ☐ PUBLIC/PRIVATE/VAN
- ☐ PROGRAM BUS/VAN
- ☐ CONTRACT/VAN
- ☐ PRIVATE TRANS. ARRANGED BY PARENT
- ☐ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- ☐ PARENT PICK UP
- ☐ SUPERVISED WALK
- ☐ UNSUPERVISED WALK
- ☐ PUBLIC/PRIVATE/VAN
- ☐ PROGRAM BUS/VAN
- ☐ CONTRACT/VAN
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PARENT /GUARDIAN SIGNATURE _____ DATE _____

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