

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____

My child will arrive at the program:

- _____ 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:

- _____ Supervised walk
- _____ Unsupervised walk
- _____ Public/private/van
- _____ Program bus/van
- _____ Contract/van
- _____ Private trans. Arranged by parent
- _____ Other

Parent/Guardian Signature: _____ Date: _____

I give permission for my child to be released from the program at the end of the program day as stated above and/or give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "No One".)

***If a child is protected by a restraining order please submit order to the provider.**

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Cell: _____