

CEDARS



PRESCHOOL

TRANSPORTATION AGREEMENT

This is to certify that I give _____
Name of Facility

Permission to transport my child _____
Name of Child
from _____ at _____ (am/pm)
Pickup Location

to _____ at _____ (am/pm).
Delivery Location

My child will be transported from _____ at _____ (am/pm).
to _____ at _____ (am/pm)
Delivery Location

on the following days:

X
_____ Monday
X
_____ Tuesday
X
_____ Wednesday
X
_____ Thursday
X
_____ Friday

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.
Location

In the event that my child is not to be transported as outlined above, I agree to notify the

Facility

Signature (Parent/Guardian) _____ Date _____