TRANSPORTATION AGREEMENT

This is to certify that I give ________________________________
(Name of Facility)

permission to transport my child ________________________________
(Name of Child)

from ________________________________ at ________________ (a.m./p.m.)
(Pick-up Location)

to ________________________________ at ________________ (a.m./p.m.)
(Delivery Location)

My child will be transported from ________________________________ at ________________ (a.m./p.m.)

To ________________________________ at ________________ (a.m./p.m.)
(Delivery Location)

On the following days:

___________________________ Monday
___________________________ Tuesday
___________________________ Wednesday
___________________________ Thursday
___________________________ Friday

___________________________ is authorized to receive my child. In the event the
(Name of Authorized Person)
authorized person is not present to receive my child the following procedures are to be followed:

Child will be transported back to the Head Start facility and a phone call will be made to the
child’s parent/guardian. If the parent/guardian cannot be reached then the authorities will be
contacted.

___________________________

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

___________________________

Signature ____________________________ Date ____________________________

(Parent/Legal Guardian)

Revised 9/05