



TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

PARENT NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____SUPERVISED WALK BY FUN CLUB STAFF

_____PARENT/ GUARDIAN PICK-UP

_____Danvers Public School Bus

_____OTHER AUTHORIZED ADULT

_____PARENT/GUARDIAN ON FULL DAYS

(VACATION DAYS, STAFF DEVELOPMENT DAYS, AND HOLIDAYS)

I give my permission to the following people to pick up my child from Fun Club:

| | |
|-----------------------|-----------------------|
| Name | Name |
| Relationship to Child | Relationship to Child |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |

| | |
|-----------------------|-----------------------|
| Name | Name |
| Relationship to Child | Relationship to Child |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |

| | |
|-----------------------|-----------------------|
| Name | Name |
| Relationship to Child | Relationship to Child |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |

| | |
|-----------------------|-----------------------|
| Name | Name |
| Relationship to Child | Relationship to Child |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR THE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Additional Authorized Pick Up Persons

| | |
|-----------------------|-----------------------|
| Name | Name |
| Relationship to Child | Relationship to Child |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |

| | |
|-----------------------|-----------------------|
| Name | Name |
| Relationship to Child | Relationship to Child |
| Address | Address |
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|-----------------------|-----------------------|
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| Relationship to Child | Relationship to Child |
| Address | Address |
| Home Phone | Home Phone |
| Work Phone | Work Phone |
| Cell Phone | Cell Phone |

PARENT/GUARDIAN SIGNATURE _____

DATE _____