

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Transportation Plan & Authorization for Pick-up

CHILD'S NAME: _____ **D.O.B.:** _____

My child will ARRIVE at the program:

- ___ supervised walk
- ___ unsupervised walk
- ___ public/private/contracted van
- ___ private transportation arranged by parent
- ___ other

My child will DEPART from the program:

- ___ supervised walk
- ___ unsupervised walk
- ___ public/private/contracted van
- ___ private transportation arranged by parent
- ___ other

Child Pick Up Authorization:

Christ Church Children's Center must have on file the names of individuals who are allowed to pick up your child at school. Please list them below:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

4. Name: _____ Relationship: _____

Address: _____ Phone: _____

5. Name: _____ Relationship: _____

Address: _____ Phone: _____

6. Name: _____ Relationship: _____

Address: _____ Phone: _____

Please list below the names of individuals you **DO NOT** want to pick up your child. (copy of court restraining order must be attached.)

1. _____ 2. _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____