**The Commonwealth of Massachusetts**

 Dept. of Early Education & Care

Small Group and Large Group Transportation Plan and Authorization

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM**:

\_\_\_PARENT DROP OFF

 \_\_\_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**:

\_\_\_PARENT PICK UP

 \_\_\_SUPERVISED WALK

 \_\_\_UNSUPERVISED WALK

 \_\_\_PUBLIC/PRIVATE/VAN

\_\_\_PROGRAM BUS/VAN

\_\_\_CONTRACT/VAN

\_\_\_PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_OTHER

Parent signature & Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_