

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**Small Group and Large Group Transportation Plan and Authorization**

CHILD'S NAME \_\_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM:

\_\_\_ 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:

\_\_\_ SUPERVISED WALK

\_\_\_ UNSUPERVISED WALK

\_\_\_ PUBLIC/PRIVATE/VAN

\_\_\_ PROGRAM BUS/VAN

\_\_\_ CONTRACT/VAN

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ OTHER

I give permission for my child to be released from the program at the end of the program day as stated above and /or I give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".)

\*IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_