

TRANSPORTATION AUTHORIZATION FOR EACH CHILD WHO IS TRANSPORTED TO OR FROM THE PROGRAM NOT ACCOMPANIED BY HIS/HER PARENT(S)

NAME OF CHILD CARE PROGRAM: **Middlefield Children's Center 390 Main St. Middlefield, CT**

I HAVE MADE ARRANGEMENTS FOR MY CHILD: _____

TO TRAVEL BETWEEN HOME AND/OR SCHOOL (name and address of school: _____

_____ AND THE CHILD CARE PROGRAM BY **BUS.**

I HAVE INFORMED THE CHILD CARE PROGRAM OF MY CHILD'S SCHEDULED DAYS OF ATTENDANCE, ARRIVAL AND DEPARTURE TIMES. I AGREE TO NOTIFY THE CHILD CARE PROGRAM PRIOR TO SCHEDULED ARRIVAL TIME, OF ANY SCHEDULE CHANGES OR ABSENCES. THE CHILD CARE PROGRAM AGREES TO NOTIFY ME IF MY CHILD DOES NOT ARRIVE AT THE CHILD CARE PROGRAM AS SCHEDULED. I UNDERSTAND THAT THE CHILD CARE PROGRAM IS RESPONSIBLE FOR MY CHILD ONLY FROM THE TIME HE/SHE ARRIVES AT THE PROGRAM UNTIL HE OR SHE LEAVES THE PROGRAM.

PARENT SIGNATURE DATE SIGNED

FAMILY CHILD CARE PROVIDER/CENTER DIRECTOR SIGNATURE DATE SIGNED