

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:

- _____ Parent Drop Off
- _____ Supervised Walk
- _____ Unsupervised Walk
- _____ Public/Private Van
- _____ Program Bus/Van
- _____ Contract/Van
- _____ Private Transport 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 Transport Arranged by Parent
- _____ Other: _____

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 Transport 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 Transport Arranged by Parent
- _____ Other: _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CONSENT FORM FOR RELEASE INFORMATION