

**INDIVIDUAL TRANSPORTATION/ARRIVAL/DEPARTURE PLAN
FOR CHILDREN TRANSPORTED TO CENTER BY
PARENTS/GUARDIANS/OTHER DESIGNATED INDIVIDUALS**

I, _____, or person authorized by me, will bring
(Name of Parent/Guardian)

_____, to _____
(Name of child) (Name of Center)

at _____ each day. I or an authorized person will accompany my
(Approx. Time)

child into the

center and into the care of his/her teacher. I, or a person authorized by me

will pick up my child each day at _____. I understand that I or the
(Approx. Time)

authorized person must sign

my child out each day upon his/her departure from the center. I further

understand that my child will not be released to anyone other than person(s)

whom I have authorized in writing to receive my child.