

Child's Name _____

Age: _____

Day Care/Preschool: _____

Grade Level: _____

Permission to Transport

___ Yes ___ No I agree to allow the Shawnee Children's Program to transport my child in an emergency situation (i.e. natural disasters, fire, etc.) to another drop off site.

Parent's Signature: _____ Date: _____

___ Yes ___ No I give permission to the Shawnee Children's Program to transport my child to the following school (please circle one) **Shawnee Elmwood, Shawnee Maplewood, Shawnee Middle School, St. Charles, Head Start, or** _____.

Parent's Signature: _____ Date: _____

Please fill out the section below with the times and days attending

Before School/Day Care

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

After School/Pick-Up

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Pick - Up

Persons authorized to pick-up your child: _____

Persons not authorized to pick-up my child: _____
