

White Oak

L E A R N I N G A C A D E M Y

Transportation Agreement

This is to certify that: _____
(Name of Child Care Facility)

Has Permission to Transport my child: _____
(Name of Child)

From: _____ at _____ am pm
(Pickup Location) (Time)

To: _____ at _____ am pm
(Delivery Location) (Time)

My child will be transported from: _____
(School Name)

At _____ am pm

To _____ at _____ am pm
(Name of Child Care Facility)

on these days: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

In the event the authorized agent is not present to receive my child, the following procedures are to be followed: (i.e. Call Mother)

White Oak

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In the event that my child is not to be transported as outlined above, I agree to notify the above-mentioned Child Care facility.

Signature (Parent/Guardian): _____

Today's Date: _____