



**CEDARLAND FIT 'N FUN AFTER SCHOOL PROGRAM
TRANSPORTATION PLAN AND AUTHORIZATION**

[7.09(3) AND 7.12(1)]

Please Print Clearly. Complete One Application Per Child

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- _____ School Bus Drop Off
 - _____ Parent Drop Off
 - _____ Unsupervised Walk
 - _____ Supervised Walk (WHO _____)
 - _____ Other (DESCRIBE _____)
- Time of Arrival: _____

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- _____ Parent Pick Up
- _____ Unsupervised Walk
- _____ Supervised Walk (WHO _____)
- _____ Other (DESCRIBE _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission for the following people to receive my child at the end of the day. **(If no one is authorized, please indicate by writing "NO ONE")**

1. NAME: _____ REATIONSHIP: _____
ADDRESS: _____ PHONE #: _____
2. NAME: _____ REATIONSHIP: _____
ADDRESS: _____ PHONE #: _____
3. NAME: _____ REATIONSHIP: _____
ADDRESS: _____ PHONE #: _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNITURE: _____ **DATE:** _____