

Transportation

Child's Name: _____

Goes by: _____ (ex: Child's Name: Sandra Goes by: Sandy)

1st DAY OF SCHOOL DISMISSAL

~ How will your child be going home from school?

_____ Adventure Club

_____ Parent pick up

_____ Daycare Van to: _____

_____ Walker with: _____

_____ Bus # _____

Will your child always go home this way? _____ Yes _____ No

If no,

~ How will your child normally go home from school? Start on: _____

_____ Adventure Club

_____ Parent pick up

_____ Daycare Van to: _____

_____ Walker with: _____

_____ Bus # _____

Parent Contact Information (Please use the best number to contact a parent the first few days of school if needed):

Name: _____ Relationship: _____

_____ Phone: _____

** Please check to make sure this information is as accurate as possible; it **WILL** be referred to on the first day of school. **