

**TRANSPORTATION INFORMATION**

CHILD'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

ADDRESS & CITY \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADULT'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ HOURS \_\_\_\_\_

ADULT'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ HOURS \_\_\_\_\_

NAME OF CHILD CARE PROVIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_ PICKED-UP AT SITTERS \_\_\_\_\_ DROPPED OFF AT SITTERS \_\_\_\_\_ SCHEDULE VARIES

**IF I AM NOT AT HOME, MY CHILD CAN BE DROPPED-OFF AT THE FOLLOWING: \*Must list at least one (1) w/in route**

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

**EMERGENCY CONTACTS:** THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO PICK UP MY CHILD.

NAME / RELATIONSHIP TELEPHONE

NAME / RELATIONSHIP TELEPHONE

NAME / RELATIONSHIP TELEPHONE

OTHER CONDITIONS OR INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE(S) CHILD'S NAME / CLASS DATE