

# Wollaston Child Care Center

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

## Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: \_\_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

\_\_\_ PARENT DROP OFF

\_\_\_ PARENT PICK UP

\_\_\_ PARENT AUTHORIZED ADULT

\_\_\_ PARENT AUTHORIZED ADULT (MUST BE AT LEAST 18)

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ PRIVATE TRANS. ARRANGED BY PARENT

\_\_\_ OTHER

\_\_\_ OTHER

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PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION