

(parent/guardian signature)

TRANSPORTATOTION AGREEMENT

DROP OFF			
DAY	LOCATION	TIME	SPECIAL DIRECTIONS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
PICK UP			
DAY	LOCATION	TIME	SPECIAL DIRECTIONS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
I,, give my child,, permission to be (child's name)			
transported by Mill Creek ECP to and/or picked up from (drop off location)			
(pick t	by Mill Ci	reek ECP in age-a	appropriate safety restraints.

If the authorized person/location is not present/open to receive the child the driver will call the Director or designee at 630-326-7519. They will instruct the driver as to what to do and contact the parent/guardian so they are aware of the situation.

(drop off location signature)

(date)

(date)

You will be charged the School Age tuition daily rate if your child returns to Mill Creek ECP when s/he is not scheduled if the drop off location/person is not open/present at the scheduled time.

Mill Creek Early Childhood Program will not release a child independently for other programs unless noted in detail on the transportation form.