

**RED CREEK UNIVERSAL PRE-KINDERGARTEN  
TRANSPORATION RELEASE FORM**

Student's Name: \_\_\_\_\_

My child is picked up and dropped off at home: YES \_\_\_\_\_ NO \_\_\_\_\_

If NO is checked, please complete the following:

Morning Daycare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Afternoon Daycare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

By signing this release, I hereby designate the following person(s) as alternate adult caregiver for the purpose of supervising \_\_\_\_\_  
(Student's Name)

if I or my designated daycare provider is not available at the time of drop-off. I acknowledge my responsibility to notify my child's educational provider and transporter of any change in daycare providers. (Please list a close-by relative, friend, or neighbor who would be responsible for your child in the event you are not home at the time of drop off.) We MUST have at least one person available who could do this.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

I give permission to my child's educational provider to release information regarding my child \_\_\_\_\_ to the transporters so that they can better care for my child while being transported.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date