

**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