THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

Small and Large Group Transportation Plan and Authorization

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Child Will Arrive at The Program My Child Will Depart From The Program

\_\_Parent Drop Off \_\_Parent Pick Up

\_\_Supervised Walk \_\_Supervised Walk

\_\_Unsupervised Walk \_\_Unsupervised Walk (with consent form)

\_\_Public/Private Van \_\_Public/Private Van

\_\_Private Transportation Arranged By Parent \_\_Private Transportation Arranged By Parent

\_\_Contracted Bus \_\_Other

Arranged By The Arlington Recreation

Kid Care After School Program

\_\_Other

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

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

**The Arlington Recreation**

**Kid Care After School Program**

**41 Foster Street**

**Arlington, MA**