

# FOREST HILLS MONTESSORI SCHOOL

## TRANSPORTATION PLAN / AUTHORIZED PICK- UP

FHM does not provide transportation. Parents must drop off and pick up their children from the Center.

Child's Name \_\_\_\_\_

My child will arrive to the program by:

- Parent Drop off
- Private Transportation Provided by Parent
- Other: \_\_\_\_\_

My child will depart the program by:

- Parent Parent Pick Up
- Private Transportation Provided by Parent
- Other: \_\_\_\_\_

I additionally authorize the following individual to take my child from the child care premises. (Please let me know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Anticipated Days/Time of Attendance

Day Arrival Time Departure Time

- |                                    |       |       |                                   |       |       |
|------------------------------------|-------|-------|-----------------------------------|-------|-------|
| <input type="checkbox"/> Monday    | _____ | _____ | <input type="checkbox"/> Thursday | _____ | _____ |
| <input type="checkbox"/> Tuesday   | _____ | _____ |                                   |       |       |
| <input type="checkbox"/> Wednesday | _____ | _____ | <input type="checkbox"/> Friday   | _____ | _____ |

- Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

