Little Creations Moving & Learning Childcare/Transportation LLC

Parent Transportation Agreement

I,_____ give permission to the program above to transport my child(ren)_____ to before/and after school or to summer camp.

ROUND TRIP/ONE WAY

PICK UP LOCATION _____

ARRIVAL TIME_____

DROP OFF LOCATION_____

ARRIVAL TIME_____

RETURN LOCATION_____

EMERGENCY CONTACTS

PARENT'S CONTACT _____#_____

SECOND CONTACT _____#_____

THIRD CONTACT _____#_____

SIGNATURE_____ DATE_____