

Request for

**PRESCHOOL TRANSPORTATION**

Child’s Name

Child’s Age       Child’s Weight

Parent Name(s)

Home Address

E-mail address

Phone Number       Work Phone Number

Pertinent Medical Information

[ ]  Child will be picked up and dropped off at home on the following days of the week:

[ ] Monday

[ ] Tuesday

[ ] Wednesday

[ ] Thursday

 [ ] Child will be picked up and dropped off at a babysitter’s on the following days of the week:

[ ] Monday

[ ] Tuesday

[ ] Wednesday

[ ] Thursday

 Babysitter’s Name

 Address

 Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date