***Child’s Name***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Pick Up Address:*

***Name***

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

***Address***

***Phone***



 ***\*\*\*ATTENTION PARENTS\*\*\****

 ***PLEASE BE AWARE THAT HEAD START WILL ONLY PROVIDE TRANSPORTATION FOR YOUR CHILD AT THE LOCATIONS AUTHORIZED ON THIS TRANSPORTATION FORM.***

![MC900039362[1]]()

*My child will* ***not*** *need transportation provided by Head Start.*

 *I will be responsible for providing transportation to Head Start.*

***Parent’s Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Receipt of Transportation-Pedestrian Safety Parent Booklet***

*It is our job at Head Start-ABC to make sure that you are informed of the safety guidelines our program follows in regards to transporting your child. The booklet you have received is yours to keep and read.*

***I have received a copy of the Transportation-Pedestrian Safety Booklet.***

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

*Parent Signature*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Date*

*Drop Off Address:*

***Name***

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

***Address***

***Phone***

*Alternate Drop-Off Address:*

***Name***

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

***Address***

***Phone***