



FAMILY DAY CARE PROGRAM, INC.

120 Mt. Hope Street
Roslindale, Massachusetts 02131
Phone (617) 323-6899 FAX (617) 323-5412

Professional Child Care Since 1970

One Way

Two Way

TRANSPORTATION FORM

This form must be completed and signed by both the parent and by a Family Day Care Program staff person prior to the child's first day in Family Day Care Program. A copy of this form will be forwarded to the transporter and to the child's day care provider. Both the parent and Family Day Care Program should retain a copy.

Child's name: _____

Parent's name: _____

Home address: _____

Home Phone: _____ Other: _____

Parent's place of employment/school: _____

Address: _____

Phone: _____ Hours: _____

Date transportation is scheduled to begin: _____

Transportation Co.: _____

Transporter's name: _____ Phone: _____

Pick up time: _____ Drop off time: _____

Provider's name: _____ Phone: _____

Address: _____

Should a transporter find the parent absent or otherwise unable to receive the child at the prearranged drop off time, the following persons may be contacted to receive the child. Any person listed as an emergency caretaker must be at least 16 years of age. THE CHILD WILL NOT BE LEFT WITH ANY PERSON NOT LISTED BELOW.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

It's the responsibility of the parent to notify both Family Day Care Program and the transporter IMMEDIATELY if any changes in the information provided become necessary. This includes changes in pick up and drop off times. If none of the emergency caretakers listed are available to receive the child, and the parent is still unreachable by the transporter, the transporter will contact Family Day Care Program for further instruction.

I, _____, agree to have my child ready at the designated pick up time, and to be available to receive my child at the designated drop off time. I understand that the transporter will wait for a maximum of 4 minutes.

(Parent's name)

Parent Signature

Date

Family Day Care Program Staff

Date