

CHILD CARE CENTER TRANSPORTATION PERMISSION

Use of form: Use of this form is voluntary. This form may be utilized when regularly scheduled transportation is provided by a center. The information supplied on this form, when completed, is required by HFS 45.03(5)(a); 55.41(4)(a); 46.08(6)(a) of the Wisconsin Administrative Codes.

Instructions: Complete this form when the center provides transportation for a child between the child care center and the child's home, or between the center and another location such as a school. Maintain completed form in child's file for duration of child's enrollment.

Name - Child

Address Child Transported From	Address Child Transported To
Address Badger Gymnastics	Address Swim West School of Instruction
Address 6901 Schroeder Road, Madison, WI 53711	Address 1001 Deming Way, Madison, WI 53717
Address	Address
Address	Address

In the event I am not home, the driver is authorized to leave my child with the person listed below.

Name - Authorized Person

Telephone Number

Address - Authorized Person

Procedures to Follow If Authorized Person Not Home

SIGNATURE - Parent or Guardian

Date Signed

Telephone Number - Home

Telephone Number - Work