

THE COMMONWEALTH OF MASSACHUSETTS Department of Early
Education and Care

Small Group and Large Group Transportation Plan and Authorization

DISCOVER PRESCHOOL

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE
PROGRAM:

___ PARENT DROP OFF

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY
PARENT

___ OTHER

MY CHILD WILL DEPART FROM THE
PROGRAM:

___ PARENT PICK UP

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY
PARENT

___ OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO DISMISSAL CONSENT FORM FOR RELEASE INFORMATION