

**THE COMMONWEALTH OF MASSACHUSETTS**  
**Department of Early Education and Care**  
**Small Group and Large Group Transportation Plan and Authorization**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM:**      **MY CHILD WILL DEPART FROM THE PROGRAM:**

- |   |   |
|---|---|
| _____ Parent drop-off                   | _____ Parent pick-up                    |
| _____ Public/Private Van                | _____ Public/Private Van                |
| _____ Contract Van                      | _____ Contract Van                      |
| _____ Private trans. arranged by parent | _____ Private trans. arranged by parent |
| _____ Other                             | _____ Other                             |

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**Release of Child**

I hereby authorize St. Spyridon Preschool to release my child to the following persons only **(other than parent/guardian)**. I understand that if any person, other than those listed below, will be picking up my child, I must provide prior written notification to the school. ***\*\*Please note: the individuals identified below will be asked to show their license/ID to prove their identity upon pick-up of your child. \*\****

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Parent/Guardian Signature**

**Date**