

DAYCARE AND CHANGES IN BUS SCHEDULES

DATE: _____

I give my permission for my child/children to be dropped off after school at the following location:

Child's Name (please print) _____

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

If your child will be picked up in the morning at a location other than your residency, please indicate the days of the week and the location below:

Signed: _____
parent/guardian