

# ST. MICHAEL AND ALL ANGELS EPISCOPAL CHURCH



## Transportation Release Form St. Michael and All Angels The Angels Childcare Center

Child's Full Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

To ensure the safety and proper transportation of your child, please complete this form by selecting how your child will arrive at and depart from the daycare center. By signing below, you acknowledge and agree to the arrangements you have chosen.

Transportation Options (Please Initial All That Apply):

1. \_\_\_\_ My child will be picked up from Irving Elementary School by The Angels Daycare staff and transported to the daycare center.
2. \_\_\_\_ My child will be dropped off at Irving Elementary School by The Angels Daycare staff in the morning.
3. \_\_\_\_ My child will be picked up from the daycare center by the school bus to attend Irving Elementary School.
4. \_\_\_\_ My child will be dropped off at the daycare center by the school bus after dismissal from Irving Elementary School.
5. \_\_\_\_ My child will be picked up directly by parent/guardian at the daycare center.
6. \_\_\_\_ My child will be dropped off directly by parent/guardian at the daycare center.

Please note pick up or drop off times: Pick up time \_\_\_\_\_ Drop off time \_\_\_\_\_

### Acknowledgment & Release

I understand that:

- The daycare staff will follow only the transportation options selected above.
- Any changes in my child's transportation arrangements must be communicated in writing or by direct notification to the daycare office.
- The Angels Daycare staff will exercise reasonable care in transporting my child between Irving Elementary School, the daycare center, and/or the school bus stop.
- I release St. Michael and All Angels Daycare Center, its employees, and volunteers from liability related to transportation as long as arrangements are carried out as agreed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Daycare Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_