

ALTERNATE TRANSPORTATION ARRANGEMENTS

Name of child

Date (good for one school year)

Signature of Parent

I authorize my child's teacher, or other designated representative of Epiphany Lutheran Preschool, to release my child to the following person/persons for before or after-school transportation.

Name

Relationship to child

Address

Phone

Name

Relationship to child

Address

Phone

Name

Relationship to child

Address

Phone

Name

Relationship to child

Address

Phone