

ALTERNATE TRANSPORTATION ARRANGEMENTS

Name of Child

Date: Good for 2024-2025 school year

Signature of Parent

I authorize my child's teacher or other designate representative of Epiphany Lutheran Preschool to release my child to the following person(s) for before or after-school transportation.

Name

Relationship to child

Address

Phone #

Name

Relationship to child

Address

Phone #

Name

Relationship to child

Address

Phone #