

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: Moreau Community Center Facility ID Number: 00041790/91/92 SACC

Program Name: Kids Korner – Half Days

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan November 3rd, November 9th, and November 13th. (please circle days needed.)

I give permission for my child
(name) _____
to be transported by *(caregiver names and/or transportation contractor arranged for by the program)* The South Glens Falls School District. Only SGF approved bus drivers will drive the busses.

At the following times *(check all that apply)*:

- Only as recorded on the posted transportation schedule for my child
- Other Tanglewood and Moreau will ride the bus to Harrison. Parents will pick up at Harrison Elementary School
(explain) _____

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____