

Child's Name: _____ School Year 20__ -20__

Plymouth House Preschool

Pick-up and Release List/Transportation Plan

I understand that Plymouth House does not provide or arrange for transportation to and from the program and that I am therefore responsible for my child's transportation. I acknowledge that Plymouth House will only allow my child to be released to his or her parents or to the individuals of whom the school has received written permission by the child's parent(s) or guardian.

I hereby give permission to Plymouth House Pre –School, 87 Edgell Rd., Framingham, Ma. 01701 to release my child to the following people for pick-up as needed. Any person not listed below requires written consent by me prior to my child's release into their care.

1. Name: _____
Address: _____

Phone Number: _____
Relationship to child: _____

3. Name: _____
Address: _____

Phone Number: _____
Relationship to child: _____

2. Name: _____
Address: _____

Phone Number: _____
Relationship to child: _____

4. Name: _____
Address: _____

Phone Number: _____
Relationship to child: _____

Name of Parent or Guardian: _____

Signature: _____ Date _____