



Transportation Permission

Van transportation for all Wauwatosa Day Care and Learning Centers, Inc. is provided to / from 822 Glenview Ave. Wauwatosa, WI 53213 (414) 479-3050.

The coordinator for all van transportation is **Danielle Rageth**. Please call her directly with any schedule changes. **Same day schedule changes will not be granted.**

I hereby authorize Wauwatosa Day Care and Learning Centers, Inc. to transport my child(ren) from the day care center to or from:

Name of School

School Address

School Phone Number

Drop Off / Pick Up Information:

Name	DOB	Days Transportation Needed	Times		Transportation Start Date
			Drop Off at School	Pick Up at School	
<i>Example: Danielle</i>	<i>8-9-15</i>	<i>Mon., Wed., Fri.</i>	<i>8:15 a.m.</i>	<i>3:25 p.m.</i>	<i>9-3-19</i>

Authorizations:

* My child will be transported to / from the above mentioned school. Wauwatosa Day Care will not transport to or from residences.

* I understand that my child will be picked up from or dropped off to Wauwatosa School District employees unless further agreed upon between the school and parent.

* I understand that my school-aged child may be required to enter the school building unescorted.

* If a child is scheduled to attend and fails to arrive at the van, the van is unable to leave the school until confirmation from school officials or parent of the child's whereabouts.

Driver and children will be required to wear masks while on the van.

Parent / Guardian Information:

Parent's Name: _____

Phone Number (Home) _____ (Work) _____

Address (Home) _____

City _____ Zip Code _____

OVER

Emergency Contact Person:

Name: _____

Relationship to Child: _____

Address: _____

Phone Number: _____

Medical Information:

Is your child allergic to any medicine? _____

If yes, identify: _____

Does your child have any medical conditions? _____

If yes, identify: _____

Pediatrician Information:

Pediatrician Name: _____

Address: _____

Phone: _____

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE DAY CARE CENTER TO CONTACT ME. IF THE DAY CARE CENTER IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE DAY CARE CENTER TO TRANSPORT MY CHILD FOR EMERGENCY CARE AND MEDICAL TREATMENT, IF NECESSARY.

Signature of Parent or Guardian

Date