

ROGERS-PIERCE CHILDREN'S CENTER

75 Pleasant Street, Arlington, MA 02474
Tel. (781)646-5280 FAX (781)646-5295

Transportation Plan and Release Authorization

Child's Name: _____

Date of birth: _____

My child will arrive at RPCC by:

- Parent Dropping Off
- Other

My child will depart from RPCC by:

- Parent Picking Up
- Other

If Other is checked, please describe how your child will arrive at or depart from RPCC:

Parent / Guardian Signature

Date

I give permission for the following people to drop off and pick up my child at Rogers-Pierce Children's Center. I understand that a photo identification will be required for any person picking up my child.

- | | | |
|--------------------------------|--|--|
| 1. Name _____
Address _____ | | Relationship to child _____
Phone # _____ |
| 2. Name _____
Address _____ | | Relationship to child _____
Phone # _____ |
| 3. Name _____
Address _____ | | Relationship to child _____
Phone # _____ |
| 4. Name _____
Address _____ | | Relationship to child _____
Phone # _____ |
| 5. Name _____
Address _____ | | Relationship to child _____
Phone # _____ |

Parent / Guardian Signature

Date