

**Individual Transportation/Departure Plan for Children Transported to
Center by: *Parents/Guardians/Other Designated Individuals***

I, _____ or a person authorized by me, will
Name of Parent/Guardian

bring _____ to the Child Development Center
Name of Child

of First Baptist Saks at the approximate time of _____ each day. I or an authorized person will accompany my child into the Center and into the care of his/her teacher. I understand that I or the authorized person must sign my child IN each day upon his/her arrival to the Center. I, or a person authorized by me will pick up my child each day at the approximate time of _____. I understand that I or the authorized person must sign my child OUT each day upon his/her departure from the Center. I also understand that my child will not be released to anyone other than person(s) whom I have authorized in writing to receive my child. I understand that authorized individuals picking up my child must be 18 years or older with a valid/picture I.D.

First Baptist Saks Child Development Center does not at this time participate in the following activities but the State of Alabama requires that we acquire permission by signature.

I give permission for my child to participate in:

1)Activities away from the facility: _____
YES _____ NO _____ Signature of parents/guardians Date

2)Transportation provided by the facility: _____
YES _____ NO _____ Signature of parents/guardians Date

3)Swimming/Wading activities provided by the facility:
YES _____ NO _____ _____
Signature or parents/guardians Date