

**KINDERGARTEN & AFTERSCHOOL
TRANSPORT AUTHORIZATION FORM**

Child's Name: _____

Date of Birth: _____

Kindergarten or Afterschool (Circle One) _____

School Name: _____

Address of School: _____

Telephone: _____

Grade: _____ Room: _____

Teacher's Name: _____

Arrival Time for School: _____

Pick-up Time from School: _____

Other Information (Early Pick-up Days, etc.):

I, _____ hereby give Riverbend
Montessori Child Development Centre permission to drop off
and pick-up my child at School. I understand Riverbend
Montessori Child Development Centre is not responsible for
my child once he/she is on school premises.

Parent's Signature: _____

Date: _____