2096 Red Arrow Trail Madison, WI 53711 Telephone (608) 275-6740

Names of child(ren):



Classroom:

## **Transportation Policy Agreement**

*By signing my i	nitials next to each statement, I am confirming that I u	understand the statement.
I understand that:		
	or age-eligible sibling must be ready to place my child uled pick up and drop off times. A signature must be p e bus.	
The driver will wait for	he bus <b>FIVE MINUTES</b> before <u>or</u> <b>FIVE MINUTES</b> after to no longer than <b>TWO MINUTES</b> , but only if the bus ites late we will call you.	<u> </u>
place my child on the	late for the pick-up route, I will be allowed <b>ONE MINU</b> be bus. If my child is not on the bus at this time, the drivaround or go back. It will be my responsibility to bring	ver will continue on with the route.
received off the bus	<b>O MINUTES</b> past the time the bus arrives to receive m by this time, the driver will continue with the route are emergency card or back to the Head Start site that not up my child.	nd bring my child to the alternate
	not need to be picked up by the bus, I will contact the sses) or by 11:15 AM (for afternoon classes) so that t	
form. Each person (in recognize the person	ased only to those persons listed on the Emergency Concluding myself) must show photo identification (ID) to as an authorized adult. Anyone who the staff does not listed on the experience of the control of the contro	the first few times until the staff can ot recognize will have to show photo
<ul><li>No eating or</li><li>Children mus</li><li>Child friendly</li></ul>	ellow the safety and behavior guidelines which include drinking on the bus st stay seated and buckled while the bus is in motion y language at all times (no cursing) uld not hit or push others	e but are not limited to:
	se guidelines could result in suspension or termination Worker will work with you to find other transportation	•
Print name	Signature	Date
White – Parent	Yellow – Enrollment	#118 (5/19)