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

Names of child(ren):



Classroom:

Transportation Policy Agreement

By signing my initials next to e	each statement, I am confirming that I understand the	e statement.
I understand that:		
	r age-eligible sibling must be ready to place my child of led pick up and drop off times. A signature must be po bus.	•
The driver will wait fo	e bus FIVE MINUTES before <u>or</u> FIVE MINUTES after the rool onger than TWO MINUTES , but only if the bus is late, we will call you.	
place my child on the	te for the pick-up route, I will be allowed ONE MINU bus. If my child is not on the bus at this time, the driv around or go back. It will be my responsibility to bring	ver will continue on with the route.
received off the bus b	MINUTES past the time the bus arrives to receive my y this time, the driver will continue on with the route emergency card OR back to the Head Start site that nup my child.	and bring my child to the alternate
	not need to be picked up by the bus, I will contact the ses) or by 11:15 AM (for afternoon classes) so that the	
form. Each person (inc	sed only to those persons listed on the Emergency Coluding myself) must show photo identification (ID) the son as an authorized adult. Anyone who the staff doe hild will be released to them even if they are listed on	ne first few times, or until the staff es not recognize will have to show
No eating or oChildren mustChild friendly	ow the safety and behavior guidelines which include drinking on the bus a stay seated and buckled while the bus is in motion language at all times (no cursing) and not hit or push others	but are not limited to:
	e guidelines could result in suspension or termination Worker will work with you to find other transportatio	•
Print name	 Signature	 Date
Copy to Parent	Original to Enrollment	#118 (7/22)