

AFTER-SCHOOL TRANSPORTATION AUTHORIZATION		
TROY SCHOOL-AGE CHILDCARE		
Child's First and Last Name		
Parent/Guardian Name:		
Address:		
Address:		
Phone Number for Immediate Response:		
Text Number:		
School Name where child attends:		CURRENT GRADE:
School Address:		
School Phone Number:		
1. I am authorizing the Troy School-Age Childcare to provide transportation for the above mentioned child, from the above mentioned school to the Troy School-Age Childcare located at 5939 John R Rd., Troy, MI. These locations are the same for each school day.		
2. Each child will board or leave the vehicle from the curb side of the street.		
3. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers and must be operated by a person who is at least 18 years of age and possesses a valid drivers license.		
4. Caregiver will never leave any child(ren) unattended in any motor vehicle or other form of transportation.		
Parent/Guardian is aware that we are on a schedule to pick up children from other schools and agrees to notify the Troy School-Age Childcare if their child will not be at their school for our pick up services each and every time they will be absent from school.		
Date:	Parent/Guardian Signature:	
Date:	Parent/Guardian Signature:	
Date:	Parent/Guardian Signature:	