

PLOWSHARES EDUCATION DEVELOPMENT CENTER, INC.

AFTER-SCHOOL PROGRAMS

ALTERNATIVE TRANSPORTATION RELEASE FORM

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ Unsupervised Walk _____ Supervised Walk (Who _____)
_____ School Bus Drop Off _____ Parent Drop Off
_____ Other (Describe _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ Parent Pick Up _____ Unsupervised Walk _____ All Year/ _____ List Specific Dates
_____ Supervised Walk (Who _____)
_____ Other (Describe _____) **
** (Time _____ Date(s) _____ Mode of Transportation _____)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing " NO ONE ").

- | | |
|---------------|--------------------|
| 1. Name _____ | Relationship _____ |
| Address _____ | Phone _____ |
| 2. Name _____ | Relationship _____ |
| Address _____ | Phone _____ |
| 3. Name _____ | Relationship _____ |
| Address _____ | Phone _____ |

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

I understand that the program is responsible for my child only upon their arrival at the program and ceases upon their departure from the program as authorized above. I accept responsibility for my child at all other times. On behalf of myself, my child, and all family members, I hold the program, its officers, directors, employees, and the City of Newton, harmless from any liability except in the case of intentional misconduct.

I understand this policy and have had the opportunity to ask questions for clarification.

Parent/Guardian _____

Date _____ (A.S. Regs. 11.05(9) (b))