

TRANSPORTATION RELEASE



Student	Name:	
JLUUCIII	. INAIIIC.	

Class:

This Form is to certify that The Diamond Child Development Center has permission to transport my child, listed above, on their vehicles for the following:

Please check all that apply

- □ Afterschool Transport, School:_
- Daycare Activities
- Emergency Situations

I acknowledge that I will be notified in the event of any Emergency Situation and will be given advance notice any Daycare Activities requiring transportation.

Parent Signature:	 Date:



Diamond Child Development Center • 115D Macedonia Road, Gaffney, SC 29341 • 864 487 7890