

**HAZELWOOD CHILD DEVELOPMENT CENTER
TRANSPORTATION CONSENT FORM**

I, (We), _____ the parent(s), or legal guardian(s) of the child(ren) listed below, give permission for them to be transported to **Hazelwood Child Development Center**, located at **819 Hazelwest Drive**, via the daycare van.

Child 1: _____ Age: _____

Child 2: _____ Age: _____

Child 3: _____ Age: _____

Child 4: _____ Age: _____

The children should be picked up from the following address.

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: () _____

The child(ren) attend school and should be picked up from the following location(s).

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: () _____

I, (We), _____ agree to contact Hazelwood Child Development Center prior to the scheduled pickup time if my child(ren) will not attend daycare

Parent/Guardian Signature Date

HCDC Representative Date2