

**CHILD CARE AUTHORIZATION**

I \_\_\_\_\_ hereby authorize the Bristol Board of  
(Parent or Guardians name)

Education to Pick up and/or Drop off my child at the following child care provider.

Student: School:

Grade: Parent/Guardian Contact #:

Child Care Provider's Name:

Child Care Provider Address:

Child Care Provider's PHONE NUMBER: \_\_\_\_\_

DAYS ATTENDING DAY CARE: \_\_\_ MON \_\_\_ TUES \_\_\_ WED \_\_\_ THUR \_\_\_ FRI

PICKUP [a.m.] Address:

DROP OFF [p.m.]Address:

EFFECTIVE DATE: \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

I understand that the pick up and/or drop off address **MUST BE ON AN EXISTING BUS ROUTE** for the school year and **MUST BE IN MY CHILD'S PUBLIC SCHOOL ATTENDANCE AREA.** I will accept full responsibility for my child when he /she is at this address.

**Please submit this authorization form to the main office at your child's school, and allow 48 hours in change of transportation to take effect.**

Any changes to this plan must be made in writing and submitted to the school principal who will forward it to the Transportation Coordinator.

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR  
GUARDIAN DATE

**THIS FORM MUST BE COMPLETED ON AN ANNUAL BASIS, FOR  
AUTHORIZATION TO CONTINUE FROM ONE YEAR TO THE NEXT.**