

GOSHEN BAPTIST PRESCHOOL

CARPOOL FORM

To be filled out and kept on file. There is a different form, *Permission Slip for Pick-Up*, for those one-time events when someone different will be picking up a child (play date, car emergency, etc)

Child's Name _____

___ Miss Sue Young 3's ___ Miss Kerry 4-Day 3's ___ Miss Danica's 4-Day PreK 1

___ Miss K 3-Day 3's ___ Mrs. Aber's 3-Day 3's ___ Miss Amy 5-Day PreK 1

___ Miss Carmelle PreK2

Authorization Form

Please fill out if any person other than the mother or father will be picking up your child on a **regular basis**. This includes babysitters and/or persons driving carpools.

The following persons are authorized to pick up my child:

Name _____

Name _____

Name _____

Name _____

Under no circumstances will children be released to anyone not known to the school without authorization from parents or guardians.

Parent's Signature Date _____



Names of other children involved in carpool--

Name

Child's Teacher

Please fill out one of the schedules below. List the name of the drivers on the line.

Table 1 is for parents who will change drivers on a daily basis.

	Drop Off	Pickup
Monday	<hr/>	<hr/>
Tuesday	<hr/>	<hr/>
Wednesday	<hr/>	<hr/>
Thursday	<hr/>	<hr/>
Friday	<hr/>	<hr/>

Table 2 is for parents who will be driving for a full week.

Week 1	<hr/>	<hr/>
Week 2	<hr/>	<hr/>
Week 3	<hr/>	<hr/>
Week 4	<hr/>	<hr/>

Starting date of carpool_____