

Provider Transportation Agreement

Child Care Program: Heavens Little Treasures

I, _____, give permission for my child care provider, Michelle Henton
(Name of parent)
to transport my child(ren) _____
(Name(s) of child(ren))
for the following reasons:

- | | |
|----------------------|--|
| _____ X _____ | Field trips |
| _____ X _____ | Pick up and Drop off |
| _____ X _____ | Excursions to the park |
| _____ X _____ | Emergency purposes |
| _____ X _____ | Any reason deemed necessary by the program |

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
3. Any motor vehicle used to transport my child(ren) will have current registration, insurance and possesses a valid driver's license.

(Parent or Guardian)

(Date)

(Provider/Director)

(Date)