

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: The GOAL Program Facility ID Number: 647852, 647843, 647854

Program Name: The GOAL Program Facility ID Number: 694717, 630587 & 663565

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

I give permission for my child (*name*) _____

to be transported by (*caregiver names and/or transportation contractor arranged for by the program*) _____

Parent Cell#: _____

Parent Work#: _____

At the following times (*check all that apply*):

Only as recorded on the posted transportation schedule for my child

Other (*explain*) _____

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____