



**LEARNING PREP SCHOOL AFTER SCHOOL PROGRAMS
EMERGENCY TRANSPORTION
INFORMATION FORM**

SESSION II

Monday, February 27, 2012 - Thursday, May 24, 2012

STUDENT NAME:		
ADDRESS:		
HOME PHONE NUMBER:		
PARENT/GUARDIAN NAME:		
CELL PHONE NUMBERS:		
Mother:	Father:	
WORK NUMBERS:		
Mother:	Father:	
EMERGENCY CONTACT NAME:		
EMERGENCY CONTACT PHONE NUMBERS:		
Home:	Cell:	Work:
HEALTH PLAN AND #:		

MY CHILD WILL BE PICKED UP FROM AFTER SCHOOL BY:	BUS / CAB []	PARENT []
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**IF YOU CHECKED OFF BUS / CAB, PLEASE COMPLETE THE
FOLLOWING INFORMATION:**

CAB COMPANY NAME: _____

CAB COMPANY'S PHONE #: _____

PLEASE NOTE THE FOLLOWING:

- All communication with the Bus/Cab Company is the Parent/Guardian's responsibility (i.e., days/time for pickup, cancellations, etc).
- 2 or more late pickups will jeopardize your child's participation in the After School program.

PARENT/GUARDIAN SIGNATURE

DATE