



LEARNING PREP SCHOOL AFTER SCHOOL PROGRAMS

**EMERGENCY TRANSPORTION
INFORMATION FORM**

SESSION II

Monday, January 25, 2010 - Thursday, May 20, 2010

STUDENT NAME:
ADDRESS:
HOME PHONE NUMBER:
PARENT/GUARDIAN NAME:
CELL PHONE or WORK NUMBER:
EMERGENCY CONTACT NAME:
EMERGENCY CONTACT PHONE:
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