

# Prairie Pals Christian Preschool & Childcare Transportation Change Form

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Circle Class(es):      MWF    M-F    TT    PREK    CHILDCARE

- Please **ADD** the following adult as an individual authorized to transport my child.
  
- Please **REMOVE** the following adult from the list of individuals authorized to transport my child.

Authorized Adult\* Contact Information – please fill out the information completely, as it is needed to verify against the individual's drivers license at pick-up.

First & Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* Authorized Adult must be 18 yrs of age or older.**