

## ALTERNATE TRANSPORTATION ARRANGEMENTS

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Name of Child

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Date: Good for 2025-2026 school year

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Signature of Parent

I authorize my child's teacher or other designate representative of Epiphany Lutheran Preschool to release my child to the following person(s) for before or after-school transportation.

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Name

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Relationship to child

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Address

Phone #

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Name

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Relationship to child

---

Address

Phone #

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Name

---

Relationship to child

---

Address

Phone #