



Embracing Equality and Diversity

Authorization to Transport Children

Dear Families,

Please fill out as appropriate:

Name of Child:	Date of Birth:
School to attend:	Please circle days: Drop off: M T W TH F Pick up: M T W TH F
School's Number:	Drop off time in the Morning:
Student's Grade:	Pick up time in the Afternoon:
Parent/ Guardian Name:	Emergency Phone Number:
Parent/ Guardian Name:	Emergency Phone Number:
Dietary Restrictions: YES or NO List any restrictions or special instructions:	Known Allergies: YES or NO List any allergies or special instructions:
Does your child have Medical Insurance? Please provide Insurance Information:	In case of Emergency, do you authorize your child to seek medical attention? YES or NO

I, _____, authorize Hope Grows Child Development Center to
(Parent/Guardian's Name)

provide transportation to my child, _____, to and from
(Child's name)

_____ School on the Hope Grows Child Development Center
Vans and agree to encourage my child to follow all rules as stated in the Hope Grows handbook.

Parent/ Guardian Signature

Date

**Hope Grows at Lost Knife
Location 1
9845 Lost Knife Road
Gaithersburg, MD 20886
301-990-3170**

**Hope Grows at Century
Location 2
20111 Century BLVD- A.
Germantown, MD 20874
240-246-7835**

**Hope Grows at Frederick Rd
Location 3
19757 Frederick Road
Germantown, MD 20876
240-912-4294**