

Alternate Transportation (Walk or Pick-Up) Afterschool School Year 2017-2018

You have indicated that your child will walk with or will be picked up by someone, other than a parent, and will go to their home or afterschool centre. Please complete the following:

My child:	in Homeroom:
will walk with or is picke	d up by a childcare provider to:
SEEDS	
Go Go	
Other:	(Sitter's Name)
	(Address)
	(Telephone)
	(Telephone)
They will go with the childcare provider on these days:	
Signature:	Date: