

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

RELEASE INSTRUCTIONS

My Child _____

will **LEAVE SAND BOX CHILD CARE & PRESCHOOL** by way of school bus and go to:

Check all that apply:

- | | | | | | |
|--------------------------------------|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> MAES | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> MAMS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> SAES | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> HeadStart | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> Holy Rosary | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> Immanuel | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> Other | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |

ARRIVAL INSTRUCTIONS

My Child _____

will **ARRIVE** at **SAND BOX CHILD CARE & PRESCHOOL** by way of school bus from:

Check all that apply:

- | | | | | | |
|--------------------------------------|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> MAES | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> MAMS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> SAES | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> HeadStart | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> Holy Rosary | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> Immanuel | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <input type="checkbox"/> Other | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)