



# Shining Stars Learning Center Transportation Contract

I \_\_\_\_\_, hereby give Shining Stars Learning Ctr  
(Parent's Name)  
permission to transport my child \_\_\_\_\_  
(Child's Name)

to and or from SSLC, according to the schedule given below.  
All safety requirements will be followed according to the  
Department of Early Education and Care regulations.

Please circle which day(s) transportation will be required and  
indicate by circling the DO (Drop-Off)/PU (Pick-Up) if Shining Stars Learning  
Center will be dropping your child off and/or picking your child up from public  
school.

Monday	Tuesday	Wednesday	Thursday	Friday
DO/PU	DO/PU	DO/PU	DO/PU	DO/PU

Child's School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Time of Arrival to public school: \_\_\_\_\_

Time of Dismissal from public school: \_\_\_\_\_

Any Special Instructions: \_\_\_\_\_

I have read the transportation contract and agree to it's terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Remember to notify the public school and Shining Stars if  
your child is absent. Also, Shining Stars will assume that your  
child will require pick up on half days unless otherwise  
notified.**