



# Embracing Equality and Diversity

## AUTHORIZATION TO TRANSPORT CHILDREN

Authorization for Transportation from Hope Grows Child Development Center to Schools in the Germantown and Gaithersburg areas.

Dear Families,  
Please fill out as appropriate:

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

I, \_\_\_\_\_, authorize Hope Grows Child Development  
(Parent/Guardian's Name)  
Center to provide transportation to my child, \_\_\_\_\_, to  
(Child's Name)  
and from \_\_\_\_\_ School on the Hope Grows Buses and agree to follow all  
rules as stated in the Hope Grows Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Location 1:  
Hope Grows Child Development Center  
9845 Lost Knife Road  
Gaithersburg, MD 20886  
301-990-3170

Location 2:  
Hope Grows Child Development Center  
20111 Century BLVD Suite A  
Germantown, MD 20874  
240-246-7835