



Arrival/Departure Plan for School-Age Child

Name of Child: _____

Name of Parent: _____

Parent Phone Number: (work) _____ (home) _____

School Attending: _____ (phone) _____

Room Number / Grade: _____

Teacher's Name: _____

From Lutz Facility to School:

Time of Departure from Lutz Facility: _____

Time School Begins: _____

Indicate means of travel from Lutz Facility to school: _____

If child travels by bus:

Name of Company: _____ (phone) _____

Bus Number / Driver's Name: _____

From School to Lutz Facility:

Time of dismissal from school: _____

Time child should arrive at Lutz Facility: _____

Indicate means of travel from school to Lutz Facility: _____

If child travels by bus:

Name of Company: _____ (phone) _____

Bus Number / Driver's Name: _____

If child walks to Lutz Facility, indicate route: _____

My child is to be released / received by the child-care facility according to plan outlined above. I understand that the facility is not responsible for my child en route, unless specified below:

This form must be updated yearly. The parent is responsible for informing the facility in writing of any changes to this plan.

Signature of Parent / Guardian

Date