



St. Mark UMC Child Development Center

6795 Whitesville Road

Columbus, Georgia 31904

706-322-8001

### Transportation Agreement

This is to certify that I give St. Mark UMC Child Development Center permission to transport my child \_\_\_\_\_

To/From (name of school) \_\_\_\_\_

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Child's Grade and Teacher's name \_\_\_\_\_

Days of Transportation (please circle)

Monday   Tuesday   Wednesday   Thursday   Friday

Delivery location \_\_\_\_\_

Pick-up location \_\_\_\_\_