



After School, Inc.

Transportation Authorization Form

I give permission for my child(ren) _____ to
Child's name
be transported to the Serious Fun After School, Inc. program at
_____. I understand that the transportation will be provided by
walking. Please release my child(ren) to the Serious Fun staff on the days indicated
below:

Monday

Wednesday

Tuesday

Thursday

Friday

Home School Information

School Name & Address: _____

Teacher Name: _____

Grade and Dismissal Time: _____

Classroom: _____

Note: There is no Serious Fun pick up on half days, holidays or parent teacher conferences (evening).

My signature below certifies that Serious Fun Afterschool, Inc. is authorized to escort my child(ren) from school.

Print Name

Contact Number

Parent Signature

Date