

CORNERSTONE CHILDREN'S CENTER TRANSPORTATION AGREEMENT

This is to certify that I give Cornerstone Children's Center permission to transport my child,

_____ from _____ at _____ PM
Name of Child Pickup Location

to Cornerstone Children's Center at _____ PM.

My child will be transported on the following days:

___ **Monday** ___ **Tuesday** ___ **Wednesday** ___ **Thursday** ___ **Friday**

In the event that my child is not to be transported as outlined above, I agree to notify Cornerstone Children's Center.

Signature (Parent/Guardian) _____ Date _____

SPECIAL NOTE: Children that are picked up from Vidalia Heritage Academy will be walked across the street with a staff member from Cornerstone Children's Center. If the weather does not permit us to walk across and walk children back, we will use the van to pick them up.