

GRACE UNITED METHODIST PRESCHOOL
TRANSPORTATION AND CARPOOL INFORMATION

Child's Name: _____ Class: _____

___ My child will **NOT** be in a carpool and will be brought to and from school by:

___ My child **WILL** be in a carpool. The schedule is listed below:

Mon. A.M.: _____ Mon. P.M.: _____

Tues. A.M.: _____ Tues. P.M.: _____

Wed. A. M : _____ Wed. P.M.: _____

Thurs: A.M.: _____ Thurs. P.M.: _____

Fri. A.M.: _____ Fri. P.M.: _____

***Written notes should be sent in with your child when the schedule changes for the day.**

***When the schedule changes permanently, please complete a new form or update the current form that is on file in the Preschool Office.**

***If a change occurs during the day, notify the Preschool Office.
We will check email and voicemails before dismissal.**

Parent Signature: _____ Date: _____