 **Community Learning Center Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School Transportation and Schedule**

\_\_\_\_\_ Will be walking with CLC Staff to/from Dunwiddie School

\_\_\_\_\_ Will be taking bus to/from SAFFE from: Lincoln Saukville TJ

 ●Community Learning Center is not responsible for your child’s transportation.

 ●Parents must make arrangements for bus transportation with Johnson Bus at 262-284-5330

I give permission for CLC staff to communicate with the bus company and my child’s school/teacher(s) to coordinate their transportation.

**My child’s schedule is effective as of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(X= Not Scheduled) Example: 6:30AM – bus, 6:30AM – Dunwiddie, Bus to 5:30PM, Dunwiddie to 5:00PM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM- Drop Off Time-Time** |  |  |  |  |  |
| **PM- Time-Time** |  |  |  |  |  |

\_\_\_\_\_ My child’s schedule rotates and I will complete a schedule change form weekly or a monthly calendar for each week by Monday at noon prior to the week of care needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date