



Bright Beginnings drop off and pick up fact sheet.

_____ (Child's name) has my permission to be transported to and/or from

Bright Beginnings Cooperative preschool for the _____ school year by the following individuals:

Please include parents' names.

Name	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Parent Signature: _____

Date: _____