

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. And may be used by certified operators to outline the plan for a child to come or go from the center if the child is not accompanied by a parent or other authorized person. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child

(Child's name)

will arrive at Academy For Little Learners, 9649 Silicon Prairie Parkway, Verona, Wi. 53593

(Name of center)

from Academy For Little Learners, 9601 Silicon Prairie Parkway, Verona, Wi. 53593

(School, home or other activity)

by way of walking and/or van

(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at ----- A.M. OR P.M.

(Time of arrival)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday

(Days of the week)

My child will arrive from this destination with OR without center supervision.

RELEASE INSTRUCTIONS

My child

(Child's name)

will leave Academy For Little Learners, 9649 Silicon Prairie Parkway, Verona, Wi. 53593

(Name of center)

by way of walking and/or van

(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to Academy For Little Learners, 9601 Silicon Prairie Parkway, Verona, Wi. 53593

(School, home or other activity)

at ----- A.M. OR P.M.

(Time of departure)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday

(Days of the week)

My child will travel to this destination with OR without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)