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THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**Transportation Plan and Authorization Form**

Parent Name: \_\_\_\_\_  
Last Name First Name

Please select an option for both your child's arrival and your child's departure to and from Lilliput in each box below then sign, date and return please!

**My Child will Arrive at the Program by:**

Supervised Walk

Unsupervised Walk (we do not recommend)

Public/Private/Van

Program Bus/Van (we do not offer this)

Private Transportation arranged by Parent/Guardian

Other

**My Child will Depart from the Program by:**

Supervised Walk

Unsupervised Walk (we do not recommend)

Public/Private/Van

Program Bus/Van (we do not offer this)

Private Transportation arranged by Parent/Guardian

Other

\*Please note: This is a standard state form. Lilliput does not provide any program transportation and does not recommend unsupervised walks.

1<sup>st</sup> year Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> year Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> year Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>th</sup> year Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_