

**MY MOTHER'S ROOTS**  
**TRANSPORTATION CONSENT FORM**

I, (We), \_\_\_\_\_ the parent(s), or legal guardian(s) of the child(ren) listed below, give permission for them to be transported to **My Mother's Roots**, located at **8229 Broadway, Saint Louis, MO 63137** via the daycare van.

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Child 3: \_\_\_\_\_ Age: \_\_\_\_\_

Child 4: \_\_\_\_\_ Age: \_\_\_\_\_

**The children should be picked up from the following address.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: ( ) \_\_\_\_\_

**The child(ren) attend school and should be picked up from the following location(s).**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: ( ) \_\_\_\_\_

I, (We), \_\_\_\_\_ agree to contact My Mother's Roots prior to the scheduled pickup time if my child(ren) will not attend daycare

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Representative

\_\_\_\_\_  
Date