

LITTLE TIGERS PRESCHOOL AND CHILD CARE CENTER
94 WEST CHURCH STREET
PICKERINGTON, OH 43147
614-837-3932

ROUTINE K-SA TRANSPORTATION PERMISSION FORM

I give my permission for Little Tigers Preschool and Child Care Center to transport my child _____, _____,
full name birthdate
to _____ and / or from _____, Pickerington Schools, by Little Tigers van.

Kindergarten and School-Age Classes:

Name of School: _____ Grade: _____

Teacher: _____

Child will attend _____ AM / _____ PM session of Public Kindergarten.

Child will attend Little Tigers: _____ Before school _____ After School

Parent Signature

Date