

**CHANGES IN FAMILY INFORMATION**

I, \_\_\_\_\_, agree to notify the Camden Child Care Center of any Changes in family phone numbers, address, work location, emergency numbers, family physicians or etc.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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**ACKNOWLEDGEMENT OF ESCORTING POLICIES**

I, \_\_\_\_\_, understand that my child \_\_\_\_\_ Must be escorted in and out of the Camden County Child Care Center when dropping off and picking up. The Camden County Child Care Center will not allow the child to leave without escort.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I have read and understand the Transportation Procedures under the administration of Coastal Georgia Area Community Action Authority, Inc. and maintain a copy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Child(ren) Name(s):

\_\_\_\_\_

**TRANSPORTATION POLICY**

I have read and understand the Transportation Procedures under the administration of Coastal Georgia's Area CAA.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Designated person must sign below if someone other than the parent or guardian is to put the child on or pick him / her up from the bus stop.

\_\_\_\_\_  
Signature of Designated Adult

\_\_\_\_\_  
Date