



Family Space Quinte Inc.

Licensed Home Child Care Program

ESCORTING CHILDREN CONSENT FORM

A. Children Eight Years of Age or Younger

This/these child(ren) will be escorted to and from school or bus stop as follows:

Child's Name: _____	Telephone: (____) _____
Name of School: _____	Telephone: (____) _____
Escort: _____	Telephone: (____) _____
Child's Name: _____	Telephone: (____) _____
Name of School: _____	Telephone: (____) _____
Escort: _____	Telephone: (____) _____
Child's Name: _____	Telephone: (____) _____
Name of School: _____	Telephone: (____) _____
Escort: _____	Telephone: (____) _____

B. Children Over Eight Years of Age

_____ does not require an escort.
(Insert Child(ren)'s Name)

_____ does require an escort as follows:
(Insert Child(ren)'s Name)

Child's Name: _____	Telephone: (____) _____
Name of School: _____	Telephone: (____) _____
Escort: _____	Telephone: (____) _____
Child's Name: _____	Telephone: (____) _____
Name of School: _____	Telephone: (____) _____
Escort: _____	Telephone: (____) _____

Parent's Signature: _____ Date: _____

Caregiver's Signature: _____ Date: _____

Home Visitor's Signature: _____ Date: _____