

Lunch Ride Transportation Form

Child's Name: _____ **Grade:** _____

1. Camp or Class Name: _____ **Start Time of Camp or Class:** _____

Days your child needs transportation on (Please circle all that apply): Mon Tue Wed Thurs Fri

What is the start and end dates that your child needs transportation on: _____

What location do we need to pick your child up from: _____

What location do we need to drop your child off at: _____

2. Camp or Class Name: _____ **Start Time of Camp or Class:** _____

Days your child needs transportation on (Please circle all that apply): Mon Tue Wed Thurs Fri

What is the start and end dates that your child needs transportation on: _____

What location do we need to pick your child up from: _____

What location do we need to drop your child off at: _____

3. Camp or Class Name: _____ **Start Time of Camp or Class:** _____

Days your child needs transportation on (Please circle all that apply): Mon Tue Wed Thurs Fri

What is the start and end dates that your child needs transportation on: _____

What location do we need to pick your child up from: _____

What location do we need to drop your child off at: _____

I authorize San Marino Recreation to transport my child to and from, summer school and recreation classes as requested above. Lunch Ride runs from June 4, 2018 to July 13, 2018. I agree to call the Recreation Department at 626-403-2200 on days that my child will not need transportation due to absence or for any other reason.

Please remember to send your child with a lunch.

Parent Signature _____

Date _____

Emergency Phone #'s: 1) _____ 2) _____