

FAMILY RESOURCE AGENCY of NORTH GEORGIA

CENTER HOURS INFORMATION

I, the undersigned, agree to transport _____ to and from
Head Start/Early Head Start/Pre-K. I also understand that my child:

- ◆ **CANNOT** arrive at the Center before _____ a.m.
- ◆ **MUST** be picked up each day at _____ p.m.
- ◆ Must be escorted to his/her teacher by an adult
- ◆ Must be signed in and out each day by an adult listed on the Release Form

Signature - Parent/Guardian

Date

Signature - Staff

Date