



Elmhurst Academy of Early Learning

TEMPORARY TRANSPORTATION AGREEMENT FORM

I, _____, give permission for my child (ren), _____, to be released from Elmhurst Academy of Early Learning to the following person(s) on the following date(s). I understand that the following person(s) will need to provide a photo ID upon arrival and be required by law to sign my child (ren) out.

Name of Designated Person(s): _____

Relationship to the Child(ren): _____

Date(s) of Pick up: _____

Time of Pickup: _____

Comments: _____

Parent/Guardian Signature: _____ Date: _____

Please fax back to: (630) 279-2846

212 West Lake Street ~ Elmhurst, IL 60126 ~ (630)279-2494 ~ www.elmhurstacademy.com