

**Midway UMC After School Program  
2016-2017  
Student Transportation**

Students Name \_\_\_\_\_

**Transportation Permission**

I \_\_\_\_\_ give permission for my student to be  
Parent / Guardian Name

picked up at \_\_\_\_\_ school and transported by  
Name of School

a Staff member or designated person to the Midway United Methodist Church After School Program, 1930 Midway Road, Douglasville, Georgia.

I understand Midway United Methodist Church, the After School Program or the Staff member or designated person will not be held liable for accidents incurred during transportation.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**Midway Staff Members**

**Francisco Artley Senior Pastor**

Teresa C. Morris      ASP Director

**Emergency Contact**

In case of an emergency and parents cannot be reached please contact the following:

1.Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

2.Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

3.Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_