

TRANSPORTATION AGREEMENT

Ι,	, the Licensee/Administrator of
(Administrator/Licensee)	
loca	ted at ,
(Child Care Service)	(Location)
Ū	he above listed child care service will d vehicle during the hours of operation
	or
I,(<i>Administrator/Licensee</i>)	, the Licensee/Administrator of ted at
(Child Care Service)	(Location)

confirm that children registered in the child care service will be transported in/on a motorized vehi cle during the hours of operation of the child care service. As such I agree to meet all requirements of the *Child Care Act* and Regulations and *Highway Traffic Act* including completing a car seat installation course, obtaining the proper vehicle insurance coverage, classification of drivers licence and taxi plates where applicable.

SWORN (OR AFFIRMED) to at	
	(Location)
in the Province of Newfoundland and L	_abrador. before me.

On _

YYYY/MM/DD

Administrator/Licensee Name

Administrator/Licensee Signature

Witness Name

Witness Signature