



330 Neptune Avenue,
BROOKLYN, NY 11235
OFFICE: 718-891-1111
www.mbbestchoice.com

Today's Date: ___ / ___ / ___

TRANSPORTATION

I _____ (parent/guardian) of _____
(print child's name) allow my child to take the transportation provided by NASH JEW after
school program from P.S. _____ to the NASH JEW After School program facility.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____