

MID-WEST NM COMMUNITY ACTION PROGRAM
TRANSPORTATION HANDBOOK

(Parent/Guardian – PRINT NAME)

(Child's Name – PRINT)

I hereby acknowledge that I have received orientation and have been provided with a copy of the Mid-West NM CAP – Early Childhood Development Center Transportation Handbook.

I further acknowledge that I have read and understand its contents.

(Parent/Guardian Signature)

(Date)

(County)