

# Covenant Presbyterian Preschool and Mom's Day Out

1831 Deyerle Road, Roanoke VA 24018

Phone: 540-774-5222

[www.covenantroanoke.org/preschool](http://www.covenantroanoke.org/preschool)

Anne Craig, Preschool Director

## Carpool (2021-2022)

*To be filled out if/when your child will be riding with someone other than yourself  
(i.e. field trips, etc.)*

*Child's Name* \_\_\_\_\_

*Driver's Name* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Day:*            *Mon*            *Tues*            *Wed*            *Thu*            *Fri*

\_\_\_\_\_  
*Parent Signature*

# Driver's Information

The State of Virginia requires that the pre-school have on file specific information for persons transporting children in their vehicles for field trips. The State requires that the driver must have a valid driver's license and carry insurance from a company licensed in the State of Virginia.

*Section 46.2-472 reads as follows:*

*“Every motor vehicle owner's policy shall:*

1. Designate by explicit description or by appropriate reference, all motor vehicles with respect to which coverage is intended to be granted.
2. Insure the insured or other person against loss from any liability imposed by law for damages, including damages for acre and loss of services, because of bodily injury to or death of any person, and injury to or destruction of property caused by accident and arising out of the ownership, use, or operation of such motor vehicle or other motor vehicles within the Commonwealth, and other state in the United States, or Canada, subject to a limit exclusive of interest and costs, with respect to each motor vehicle, of \$25,000.00 because of bodily injury to or death of one person in any one accident, and subject to the limit for one person, to a limit of \$50,000.00 because of bodily injury to or death of two or more persons in any one accident, and to a limit of \$20,000.00 because of injury to or destruction of property of others in any one accident.”

Driver \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ Expiration \_\_\_\_\_

Insurance Provider \_\_\_\_\_

*I have read the above requirements and I certify that I do meet the requirements.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*