



LEARNING SPRINGS
TRANSPORTATION CONTRACT
2019-2020

Child's name: \_\_\_\_\_
(Please print legibly)

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Check the box(es) for the care your child will require:

- Before Care 7:00 AM - 8:30 AM
After care 11:30 AM - 6:00 PM (TK)
Other (subject to approval)
2:30 PM - 6:00 PM (TK - 4th)

Start date: \_\_\_/\_\_\_/\_\_\_

Name & address of school: \_\_\_\_\_

Room #: \_\_\_\_\_ Name of child's teacher: \_\_\_\_\_

What time will your child need to be at their school? \_\_\_:\_\_\_ (AM Care)

What time will your child need to be picked up from school? \_\_\_:\_\_\_ (regular days)
\_\_\_:\_\_\_ (minimum days)

Please indicate which day is your child's minimum day at school: \_\_\_\_\_
Are there any specific instructions for your child's dismissal procedures? \_\_\_\_\_

My child uses a (mark one) [ ] booster seat [ ] regular seat belt

To ensure your child's well being and safety, and in keeping with Learning Springs's policy, parents are required to comply with the following:

EACH CUSTODIAL PARENTS/GUARDIAN MUST INITIAL EACH ITEM AFTER READING THE FOLLOWING CONTRACT:

\_\_\_/\_\_\_ I/We agree to notify Learning Springs via phone or email by 10:00 AM daily when my child is going to be absent from the after school care program. I will pay an additional \$15.00 fee if I fail to do so.

\_\_\_/\_\_\_ I/We agree to notify Learning Springs via phone or email by 7:00 AM daily when my child is going to be absent from the morning care program. I will pay an additional \$15.00 fee if I fail to do so.

\_\_\_/\_\_\_ In the event that my child was unexpectedly picked up from school due to illness or other reasons, I agree to notify Learning Springs before 2:00 PM (or before 1 PM on minimum days), or

before 10:00 AM if my child has a regularly scheduled 11:30 AM pick up. This allows Learning Springs to make adjustments to the pick up schedule. I will pay an additional \$15.00 fee if I fail to do so.

\_\_\_\_\_/\_\_\_\_\_ I/We understand that if I choose to enroll my child in an afterschool program/activity at the district school, Learning Springs will not be responsible for picking up my child at that alternate time nor will tuition be adjusted. This includes change in schedule for field trips, non-calendared modified schedules, parent conferences, etc.

\_\_\_\_\_/\_\_\_\_\_ I/We agree and understand that my child will be riding with other students and at times may be part of a route to and/or from Learning Springs.

\_\_\_\_\_/\_\_\_\_\_ I/We agree and understand that I may need to provide an individual booster seat as deemed necessary by law for my child's transportation.

\_\_\_\_\_/\_\_\_\_\_ I/We understand that I am responsible for notifying Learning Springs of any changes in his/her/their schedule, such as vacation and school conference days **with a minimum of two weeks' notice.**

\_\_\_\_\_/\_\_\_\_\_ I/We understand that during transition to and from school (whether in vehicle or walking), if my child displays unsafe behavior either towards other children, other staff members, or is unable to follow Learning Springs's transportation guidelines they will receive a transportation incident report and I may be called if it is deemed unsafe to transport my child and my child will not be permitted to ride in the Learning Springs vans if this behavior persists.

\_\_\_\_\_/\_\_\_\_\_ I/We understand and agree that signing this consent form absolves Learning Springs and its staff members from all liabilities arising from any error and/or omissions or actions planned or unplanned that may result in their injury, death or illness during their transportation to and from LSA and while under the supervision of its staff members.

\_\_\_\_\_/\_\_\_\_\_ I/We agree to inform my child's primary school office that Learning Springs' staff is authorized to pick up my child.

\_\_\_\_\_/\_\_\_\_\_ I/We understand that this form provides permission for my child to be transported in Learning Springs vans for field trips throughout the year.

## LSE TRANSPORTATION SAFETY RULES

Please review the safety rules listed below with your child.

- Keep your seatbelt fastened until the vehicle has come to a full stop at the destination.
- Follow the driver's instructions at all times.
- Remain seated until the vehicle comes to a full stop at the final destination.
- Be respectful. No fighting, swearing or yelling.
- No EATING or DRINKING in the vehicle.
- Keep the vehicle clean.

Parents share the responsibility with the child for his/her/their conduct while on the school transportation and in the school transportation loading and unloading areas. **Students who are involved in serious or repeated incidents WILL be denied transportation.** Parents are always notified if the student is to lose this privilege. Both custodial parents/guardians must sign below. Thank you for your cooperation.

\_\_\_\_\_  
Parent/Guardian Name/Signature Date

\_\_\_\_\_  
Parent/Guardian Name/Signature Date

\_\_\_\_\_  
Executive Director's Signature Date