



AUTHORIZATION TO TRANSPORT CHILD

If you have more than one child in the same school that KinderClub Learning Center TOO is picking up or dropping off, please indicate below: (Please indicate the time of Pick Up/or Drop Off)

CHILD #1:

Name: _____
DOB: _____
Grade Level: _____ Pickup Time: _____
Teacher's Name: _____

CHILD #3:

Name: _____
DOB: _____
Grade Level: _____ Pickup Time: _____
Teacher's Name: _____

CHILD #2:

Name: _____
DOB: _____
Grade Level: _____ Pickup Time: _____
Teacher's Name: _____

CHILD #4:

Name: _____
DOB: _____
Grade Level: _____ Pickup Time: _____
Teacher's Name: _____

SCHOOL INFORMATION:

School Name: _____ School Year _____
Address: _____ Ph. #: _____

My Child will be picked up/dropped off on a daily basis. Mon- Fri **OR** on _____
(Circle one) (Specify days)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to...

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature - Parent or Legal Guardian

In case of an emergency, who can we immediately contact?

Name: _____ Cell Phone Number: _____
Name: _____ Cell Phone Number: _____

By signing this, you authorize KinderClub Learning Center TOO, LLC., to transport my minor child in a company Van, driven by an individual authorized by KinderClub TOO Learning Center, LLC. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I also authorize to pick up and/or drop off your child at the school indicated above and you are certifying that your child is at least 4 years old and 40 pounds or more.

Parent/Guardian Name

Parent Signature

Date

Witness (KinderClub TOO Learning Center, LLC)

Date

VAN RULES and POLICIES

I have read, understand, and discussed with my child: *Please INITIAL each space.*

_____ (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;

_____ (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;

_____ (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,

_____ (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

_____ (5) Transportation fee will be paid before services are rendered, I understand transportation will NOT be provided if payment has not been made before services are rendered.

_____ (6) I will inform KinderClub TOO Learning Center, LLC if my child will not require pickup for the day on a timely manner before 2pm. I understand after 3 warnings of late NO PICK UP advisory, will result in termination of afterschool transportation.

Parent/Guardian Name

Parent Signature

Date

Witness (KinderClub TOO Learning Center, LLC)

Date