

## **Kidsville Childcare and Development Before & After School Transportation Consent Form**

Child(ren) Name(s):

Parent/Guardian I	Name:
-------------------	-------

Parent/Guardian Phone Number:

Service Details: Kidsville Childcare offers transportation for before and after school to/from schools within a one-mile radius of our facility.

- Monthly Fee: \$30 per child or \$15 per child if multiple children from the same family.
- Payment Due: No later than the 1st of each month to receive services.
- Account Standing: All childcare tuition and fees must be current to continue service.
- School Attendance Requirement: If your child did not attend school on a given day, you must notify Kidsville immediately. After two (2) missed notifications, transportation services will be discontinued.

Notes:

• ,	Each child must meet a minimum of		' '	
·	cipate in the before/after-school prog		•	
Parent Responsibilities:	0-hour requirement are responsible	or paying the diliere	nce in raie.	
•	PM if your child will not require pick	-UD		
<ol> <li>Notify the center before 12.00</li> <li>Keep emergency contact detail</li> </ol>		-up.		
B. Provide the following pick-up				
91 1	ictans.			
School Name:				
School Address:				
Description of Pick-Up Location	on:			
Pick-Up Time(s):				
mportant Terms:				
Transportation is only provided within a one-mile radius.				
Services are suspended if acco	ounts are past due.			
No refunds or credits for unuse	d days.			
	repeated issues may result in servic			
Acknowledgment & Consent: I have read and understand the transportation policies of Kidsville Childcare.				
	make timely payments, and promptly	/ communicate any c	hanges in my child's	
ransportation needs.				
Parent/Guardian Signature:		Date:		
Kidsville Representative Signatu	re:		Date:	
Office Use Only:				
Start Date of Service:	Monthly F	ee: \$	Paid:	