

FREMONT ALLIANCE PRESCHOOL 2020/2021 TRANSPORTATION PERMISSION FORM

1615. N. Lincoln Ave, Fremont, NE 68025

402.727.7487

www.fremontalliance.org

"Train a child in the way he should go, and when he is old he will not turn from it." Proverbs 22:6

Please fill out this form if you would like your child to be transported to/from daycare for the 2018/2019 school year. Childcare provider must be within Fremont city limits. Transportation fees will be added to your monthly tuition. No refunds/credits for sick days. Fill out one form for each child participating. Please print.

THIS FORM MUST BE TURNED IN TO THE PRESCHOOL BEFORE YOUR CHILD CAN BE TRANSPORTED.

Student's Name: _____
Last Name First Name

Address: _____ City: _____ State: _____ Zip: _____

Best Contact Phone: (____) _____ - _____ Contact/Emergency Phone: (____) _____ - _____

Student's Date of Birth: ____/____/____ Current Age: _____

Parent(s)/Guardian(s) Name: _____

2020. TRANSPORTATION RATES	
NUMBER OF TRIPS PER WEEK	AMOUNT ADDED TO MONTHLY TUITION
Pick up OR drop off only, 2 days per week	\$10
Pick up OR drop off only, 3 days per week	\$14
Pick up AND drop off, 2 days per week	\$18
Pick up AND drop off, 3 days per week	\$26

Class (Please select):

_____ 3 yr old class

_____ 4&5 yr old morning class

_____ 4&5 yr old afternoon class

PICK UP FROM CHILDCARE PROVIDER	DROP OFF AT CHILDCARE PROVIDER
Pick up from (name of childcare provider): _____	Drop off with (name of childcare provider): _____
Provider's Address: _____ _____	Provider's Address: _____ _____
Provider's Phone: (____) _____ - _____	Provider's Phone: (____) _____ - _____
Check Days: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri	Check Days: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri
Begin pick up on (Date): _____	Begin drop off on (Date): _____
End pick up on (Date): _____	End drop off on (Date): _____

I give permission for my child, _____, to be transported by the Fremont Alliance Preschool to/ from his/her childcare provider to/from Fremont Alliance Preschool on the days he/she is registered to attend (noted above). I understand that in the vehicle used to transport my child, he/she will be required to be placed in an appropriate car or booster seat that I would provide.

I agree to assume all liability and release Fremont Alliance Preschool, Fremont Alliance Church and any of its' officers, directors, employees, volunteers, and parishioners from any and all liability of any kind or nature including, but not limited to, personal or economic injuries, disability, illness or death, all of which may occur as a result of my child being transported by Fremont Alliance Preschool. I fully understand, assume and accept all such risks associated with the transportation of my child.

Parent/Guardian Signature: _____ Date: _____

*Preschool Staff, please provide one copy of this form for the church office.