

# FREMONT ALLIANCE PRESCHOOL 2021/2022 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

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