

ARE WE THERE YET? CHARTER, LLC
TRANSPORTATION REGISTRATION FORM

This agreement is made by and between Olivia Miller Owner of Are We There Yet? Charter, LLC and

_____. Parent/ Guardian of _____ . The

following has been agreed upon the two parties beginning _____ .

I have read and agreed to the full contents of the Parent Handbook.

I understand that disregarding these polices can result in termination from my child's transportation enrollment.

I understand that the policies in the Parent Handbook may and can change at any given time.

I understand that I must follow the termination policy as it is written in the Parent Handbook.

I agree to the weekly/daily rate of \$_____ to be paid in advance for my child _____ .

Our pickup arrival time will be on the following days: Please check days and note the time.

ALL PAYMENTS ARE NON-REFUNDABLE

(AM Service) Monday- Time ____ Tuesday- Time ____ Wednesday- Time ____ Thursday- Time ____
Friday- Time ____

(PM Service) Monday- Time ____ Tuesday- Time ____ Wednesday- Time ____ Thursday- Time ____
Friday- Time ____

(A.M Service) Saturday- Time ____ (P.M Service) Saturday- Time ____

Any added time or days after those listed will be discussed beforehand and will be subject to extra fees.

This agreement shall be in effect until which time Parent/ Guardian or Owner/ Operator has given termination notice in accordance with the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND PARENT HANDBOOK WHOLLY STATE THE OBLIGATION OF THE OWNER/ OPERATOR; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

OWNER/ OPERATOR

DATE

BOTH PARTIES MUST SIGN OR PARENT/ GUARDIAN WITH SOLE CUSTODY OF THE CHILD:

PARENT/ GUARDIAN

DATE

PARENT/ GUARDIAN

DATE

*This will include late penalties, as stated I the policy, from date due to date
The terms of this contract and policy may change at any given time.

SERVICE END DATE _____

*(**A.M. Service**)

STUDENT PICK-UP LOCATION

ADDRESS _____

STUDENT DROP-OFF LOCATION

ADDRESS _____

*(**P.M Service**)

STUDENT PICK-UP LOCATION

ADDRESS _____

STUDENT DROP-OFF LOCATION

ADDRESS _____

Time parent will be home to accompany child _____ only if child is being dropped off to home.
(Note) the van drops off between 3p.m. – 6p.m.

Your Child's Health

Does your child have any medical conditions which our drivers should be made aware of while transporting your child? YES / NO

If you circled YES, please explain below.

_____.

Child's Information Card

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| Child's Name 1: | Age: Grade: | Child's Name 2: | Age: Grade: |
| Child's Name 3: | Age: Grade: | Child's Name 4: | Age: Grade: |
| Parent/Guardian: | Work# Ext: | Cell# Home# | Email: |
| Parent/Guardian: | Work# Ext: | Cell# Home# | Email: |
| Emergency Contact: | Work# Ext: | Cell# Home# | |
| Emergency Contact: | Work# Ext: | Cell# Home# | |
| Code for signing student in and out of school/ facility. | | Code# | Name: |

AWTY? C

How would you like to receive messages and reminders? (Text) (Email) Or (Both)