

**EXTENDED CARE**

*Transportation Service Agreement*

KIDDIE KAMPUS LEARNING CENTER

4150 MARKET STREET

ASTON, PA 19014

610-364-2160 & 610-364-2164 FAX

- I/We agree to pay ONE HUNDRED DOLLARS (\$100) per month for transportation to and from Kiddie Kampus Learning Center (KKLC). This is in addition to the THREE HUNDRED DOLLARS (\$300) per month for regular extended care hours (6:30-8:30) & (3:00-6:00) Monday - Friday.
  - The transportation fee is due the 1st of every month.
  - Payments received after the 10<sup>th</sup> of the month will incur a late charge of \$35.
  - A fee of \$35.00 will be charged for any checks returned (non-sufficient funds, stop payment, etc.).
  - **I/We understand that it is my responsibility to notify KKLC of all absences, early dismissals, in-service days or other school holidays and/or events or when alternate travel arrangements have been made.**
  - I/We understand that it is my responsibility to reinforce all transportation rules with my child and to ensure their compliance with those rules. Repeated infractions will result in the termination of services.
  - This agreement may be cancelled by me/us with a notice in writing to KKLC. KKLC may withdraw or change the contract at any time.
  - I have read and understand the above policies and do agree to abide by all that is contained therein.
- Mother/Legal Guardian Signature\_\_\_\_\_ Date:\_\_\_\_\_
  - Father/ Legal Guardian Signature \_\_\_\_\_ Date\_\_\_\_\_
  - KKLC Director/Representative\_\_\_\_\_ Date: \_\_\_\_\_

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*Transportation Registration Form*

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4150 MARKET STREET  
ASTON, PA 19014  
610-364-2160 & 610-364-2164 FAX

PLEASE PRINT LEGIBLY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Grade \_\_\_\_\_ Normal Dismissal Time \_\_\_\_\_

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_ Child's Eye Color \_\_\_\_\_

Emergency Contact Information:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Home Address \_\_\_\_\_

Father's Home Address \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

**A COPY OF THE SCHOOL CALENDAR MUST BE ATTACHED.**