

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 10th 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

KIDDIE KAMPUS LEARNING CENTER
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.