

TRANSPORTATION ENROLLMENT FORM

1000 N. Country Club Dr. Mesa, AZ 85201 (480) 649-0390	1 T	empe ⊔ 39 E. Missouri Ave. Tempe, AZ 85282 480) 966-1151	624 E. Missouri Ave. Phoenix, AZ 85012 (602) 240-6933
	School Name:		
School Start Time:	End Time: Grade: Room:		Room:
Drop off/Pick Up Location:	Teacher's Name:		
Effective Date:	Special Instruction	ons:	
	Please read each s	tatement and initial next to	o it.
I,child as stated above		ize Kinderland Preschool	and Daycare to transport my
I understand that the weekly	y charge for Before	e/After-School care is \$	and I am billed in advance.
not pay in advance or if my	account becomes j	past due	stop providing service if I do will not attend the daycare or
will not need to be transpor		•	·
I agree to pay a \$ 7.00 chargand he/she is not there.		ce that the daycare attemp	ts to pick up my child at school
I agree that I am responsible	e for all other appli	cable charges as listed in	our Billing and Rates Policy.
I agree that there are no refu	and that NO c	eredit is given for missed of	lays
not force any child to be to	ransported. It is t	he parent's responsibility	vehicles. The daycare will y to determine that their apable of being transported.
I understand that Kinderland that poses a danger to himse		•	propriate behavior or behavior driver.
Parent Signature			