

# Bus Booking Form

## Jewish After-School Enrichment: A Program of L’Chaim Chabad-Kingston

Please complete this authorisation form if you would like your child to use the bus service.

1. Bus with seatbelts and professional driver will be picking up from Valkstone Primary and Tucker Rd Primary
2. A JAE staff member will be with the bus to supervise the children
3. Parents undertake to inform LEAH by phone/text before 2 pm on Mondays if their child is away from JAE that day. Failure to notify Leah of your child’s absence in a reasonable timeframe on a consistent basis will result in additional fees being charged.
4. In the event of a child not arriving to the meet-up spot, we will endeavour to find the child and/or inform the parents that their child has not arrived and they will have to come and collect him/her.
5. Bus fees are separate to JAE fees and will fluctuate from term to term dependent on the precise number of weeks. Bus fees MUST be paid in advance for the entire term.
6. A roster to meet the children will be set up. Inability to be part of the roster does not preclude using this service.  
 I am available to be on a roster for meeting the children at the school:  Once a month  Once every six weeks  Once a term  
 Or  I am not available to be on a roster.

Parent’s Information		
	Father’s Details	Mother’s Details
Full Name		
Work Phone		
Mobile		

Child 1 Information			
Surname		First Name	
School Attending in 2017		Grade in 2017	

Medical & Special Needs Information		
Medical Conditions:	(Please attach plan/details if relevant)	<input type="checkbox"/> Management Plan attached
Known Drug or Food Allergies:	(Please attach plan/details if relevant )	<input type="checkbox"/> Management Plan attached
Ongoing Medication:		

Child 2 Information			
Surname		First Name	
School Attending in 2017		Grade in 2017	

Medical & Special Needs Information		
Medical Conditions:	(Please attach plan/details if relevant)	<input type="checkbox"/> Management Plan attached
Known Drug or Food Allergies:	(Please attach plan/details if relevant )	<input type="checkbox"/> Management Plan attached
Ongoing Medication:		

Emergency contact (other than parents)			
Name		Relationship	
Home Phone		Mobile Number	

I hereby authorise L’Chaim Chabad- Kingston & MHC leaders and staff to obtain any medical care necessary for my child. I understand that in the case of emergency of any significant illness or injury, attempt will be made to contact myself when practical. I agree to pay for any cost that may occur as a result of the injury/illness. I hereby authorise L’Chaim Chabad Kingston & MHC to transport my child from school to the centre by bus or similar.

I accept that the centre has the right to refuse entry to my child on the bus (in case of ill behaviour) and forfeit the remaining fees.

I agree to above declaration:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_/\_\_/20\_\_

Fees	
<b>Credit Card-Direct Debit</b>	
<i>The cost of the bus is \$7/child/week of term or \$12/2 children in family/week of term</i>	
O Visa O Master card	
Name on card: _____	Amount: _____
Card #: _____	
Expiry Date: .....	Signature: .....