



## PRIME TIME BEFORE AND AFTER SCHOOL PROGRAM TRANSPORTATION AGREEMENT

This is to certify that I give the \_\_\_\_\_ permission to transport my child \_\_\_\_\_.

### **Before School:**

From \_\_\_\_\_ **YMCA** \_\_\_\_\_ at **7:30 a.m.** to \_\_\_\_\_ by **8:00 a.m.**  
**SCHOOL**

On the following days:

Monday  Tuesday  Wednesday  Thursday  Friday

### **After School:**

From \_\_\_\_\_ at **2:30 a.m.** to \_\_\_\_\_ **YMCA** \_\_\_\_\_ by **3:00 a.m.**  
**SCHOOL**

On the following days:

Monday  Tuesday  Wednesday  Thursday  Friday

\_\_\_\_\_ is authorized to receive my child. In the event the authorized person is not present to receive my child, the following individuals listed below are authorized to pick up my child: (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.  
(Participant School)

In the event that my child is not to be transported, I agree to notify the A.J. McClung YMCA at least two hours before pick up time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

**PARENTAL AGREEMENTS WITH PROGAM**

**A. J. McClung YMCA**

**D.A. TURNER YMCA**

The **YMCA** agrees to provide after school care for: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_.  
(Beginning Month) (Ending Month)

My child will participate in the meal plan. (Please indicate by checking)

**Before School Snack**

**Afternoon Snack**

- Before any medication is dispensed to my child, I will complete a written authorization form provided by the YMCA. In order for the medication to be dispensed, it must be in its original container with the child's name marked on it.
- My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
- I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
- The YMCA agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
- I authorize the child care facility to obtain emergency medical care for my child when I am not available.
- I have received a copy and agree to abide by the policies and procedures for YMCA.
- I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent or Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_