



School Bus Transportation Agreement

PLAYWORKS WILL ONLY TRANSPORT CHILDREN **TO/FROM** THE FOLLOWING SCHOOLS:

PRIOR LAKE SCHOOLS: ASPEN, FIVE HAWKS, GLENDALE, GRAINWOOD, JEFFERS POND, REDTAIL RIDGE, WESTWOOD
SHAKOPEE SCHOOLS: JACKSON, RED OAK, SUN PATH, SWEENEY

PLAYWORKS WILL ONLY TRANSFER **FROM** THE FOLLOWING SCHOOLS:
JORDAN ELEMENTARY AND ST. MICHAEL'S IN PRIOR LAKE

A NEW CONTRACT MUST BE FILLED OUT IF ANY OF THE FOLLOWING INFORMATION BELOW CHANGES. A SEPARATE CONTRACT MUST BE FILLED OUT FOR **EACH** CHILD IN A FAMILY.

STUDENT'S NAME _____ SCHOOL ATTENDING _____ GRADE _____
____ TRANSPORTATION TO SCHOOL ____ M ____ T ____ W ____ TH ____ F
____ TRANSPORTATION FROM SCHOOL ____ M ____ T ____ W ____ TH ____ F DATE EFFECTIVE _____

PARENT/GUARDIAN'S NAME(S) _____ HOME PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN _____ WORK PHONE _____ CELL PHONE _____ HOME PHONE _____

PARENT/GUARDIAN _____ WORK PHONE _____ CELL PHONE _____ HOME PHONE _____

I UNDERSTAND THAT MY ACCOUNT WILL BE CHARGED A BUSING FEE EACH WEEK. **IF MY CHILD IS SICK AND/OR WILL NOT BE RIDING THE BUS, I WILL CALL PLAYWORKS TO NOTIFY THE STAFF. FAILURE TO DO SO WILL RESULT IN A \$10.00 SERVICE CHARGE TO MY ACCOUNT. IF THIS HAPPENS REPEATEDLY, I UNDERSTAND THAT MY BUS CONTRACT MAY BE TERMINATED.** THE ONLY TIME I WILL NOT BE CHARGED FOR TRANSPORTATION IS WHEN SCHOOL IS CLOSED A FULL WEEK, I.E. HOLIDAY BREAK AND SPRING BREAK. I UNDERSTAND THAT PLAYWORKS RESERVES THE RIGHT TO DISCONTINUE THIS CONTRACT IF PREDETERMINED USAGE LEVELS ARE NOT MET. PLAYWORKS WILL GIVE A TWO-WEEK NOTICE IN THIS CASE. I AM AWARE THAT PLAYWORKS BUSES ARE UNDER VIDEO SURVEILLANCE AT ALL TIMES.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I, _____, THE PARENT OF _____, GIVE MY PERMISSION TO PLAYWORKS TO MAKE WHAT EMERGENCY MEASURES THEY JUDGE NECESSARY FOR THE CARE AND PROTECTION OF MY CHILD WHILE UNDER THE SUPERVISION OF PLAYWORKS. AS A PARENT OR GUARDIAN, I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW, PLAYWORKS AND THE SHAKOPEE MDEWAKANTON SIOUX COMMUNITY FROM ANY LIABILITY OF INJURY, LOSS, OR DAMAGE, EXCEPT FOR GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT. IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED TO ST. FRANCIS HOSPITAL BY THE LOCAL EMERGENCY UNIT AT MY EXPENSE IF THE LOCAL EMERGENCY RESOURCE DEEMS IT NECESSARY. IN THE EVENT OF ACCIDENTAL INGESTION, I UNDERSTAND THAT PLAYWORKS WILL CONTACT THE POISON CONTROL CENTER. I HEREBY AUTHORIZE PLAYWORKS TO ACT ON MY BEHALF IN CASE OF EMERGENCY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLAYWORKS LINK MANAGER _____ TRANSPORTATION MANAGER _____ ACCOUNTING _____

WHITE COPY = LINK MANAGER

YELLOW COPY = BUS DRIVER

playworksfun.com

2200 Trail of Dreams • Prior Lake, MN 55372 • 952.445.PLAY (7529)

SMSC Infant and Toddler Classroom • 2330 Sioux Trail • Prior Lake, MN 55372 • 952.496.6124

Owned and Operated by the Shakopee Mdewakanton Sioux Community
