Lisa's Shuttle, LLC

Please read and initial the following:

_____ Lisa will provide an estimated pick up/drop off time for my child as soon as that information is available.

_____ I will contact my child's school and teacher to inform them that my child will be riding Lisa's Shuttle.

_____ I need to contact Lisa for any changes in my child's shuttle arrangements, such as absences from school (not riding the shuttle) or address changes.

_____ Payment is due on Friday of each week and the shuttle fee is to be paid via invoice that I will receive through the email address I provide.

_____ A \$25 late fee will be assessed if weekly payment is not made by Friday. No reminder emails or text messages will be sent.

_____ Payment is required for Fall Break and Spring Break. No payment is due for the 2 weeks during the Christmas break.

_____ The shuttle will be closed on Friday, Ot. 31st, with the full week fee to be paid, as normal.

_____ IMPORTANT: If the weekly payment is not made by Monday, transportation will NOT be provided. Once payment is made, I will resume our arrangements, with no deduction in the weekly fee.

_____ If there are any problems on the shuttle, I will contact Lisa to resolve any issues as soon as possible.

_____ I will make sure my child understands that a seat belt must be worn at all times. Any child that will not buckle up and stay in a seatbelt may be at risk of not being allowed to ride the shuttle. Safety is our #1 priority.

Please check the following: My child's photo ____ MAY or ____MAY NOT be used on Lisa's Shuttle website and/or social media page.

Signature	Date	
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