

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, Nov 1st, 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.

Signature _____ Date _____