

## AFTER-SCHOOL TRANSPORTATION PROGRAM

#### **PARTICIPATING SCHOOLS**

| Fairmont Elementary | Hemlock Elementary | Alamo Elementary | Markham Elementary |
|---------------------|--------------------|------------------|--------------------|
|                     |                    |                  |                    |

# TRANSPORTATION MONTHLY FEE

The Vacaville Neighborhood Boys & Girls Clubs provides transportation for Club member's from their school site to the Trower & Acacia Clubhouses. The cost of transportation is an additional monthly fee of \$30 per student. All payments are due on the Wednesday prior to the week of pickup.

#### STUDENT TRANSPORTATION EXPECTATIONS

- 1. Use appropriate language in the van.
- 2. Approach van once it has stopped.
- 3. Members must fasten their seat belts.
- 4. Remain seated at all times.
- 5. Always keep the aisle clear.
- 6. Treat everyone with respect.
- 7. Follow directions given by the van driver.

- 8. Members are not to distract van driver.
- 9. Keep all body parts inside the bus/van.
- 10. Members may not throw items out of windows.
- 11. Eating or drinking is not allowed on the van.
- 12. Sharp/dangerous items are not allowed in van.
- 13. All members must wait at their school for pick-up.

### **EXPECTATION INFRACTION FEE**

Members who do not follow the directions of The Vacaville Neighborhood Boys & Girls staff or fail to comply with established rules may lose transportation rights, membership privileges, or incur an additional transportation fee of no more than \$10 per infraction. Example, eating and missing the van will be an automatic \$10 fee upon monthly renewal of transportation.

## PARENT TRANSPORTATION EXPECTATIONS

If your child id not going to be picked up on any day, please call the club in advance and notify staff at 707-999-5034.

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| Club Member Name: |   | AGE:          |      |      |
|-------------------|---|---------------|------|------|
| School Attending: | S | School Shift: | AM □ | PM □ |
|                   |   |               |      |      |
|                   |   |               |      |      |
|                   |   |               |      |      |

Waiver of Liability & Disclaimer: In consideration of my child's membership, and any participation in the activities and special programs (transportation program) or events of the Club, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Vacaville Neighborhood Boys & Girls Clubs and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of the my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club. **Emergency Authorization:** I, the undersigned, as the parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel. I HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE VACAVILLE NEIGHBORHOOD BOYS & GIRLS CLUBS TRANSPORTATION PROGRAM. I GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN THE AFTER-SCHOOL TRANSPORTATION PROGRAM, WHICH PROVIDES TRANSPORTATION BETWEEN CHILD'S SCHOOL AND THE TROWER CENTER OR ACACIA CENTER. DATE PARENT/GUARDIAN NAME PARENT/GUARDIAN SIGNATURE

| VNBGC Office Only - Do Not Fill In |           |                 |                 |  |  |  |
|------------------------------------|-----------|-----------------|-----------------|--|--|--|
| DATE:/                             | MEMBER #: | Payment Amount: | STAFF INITIALS: |  |  |  |

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