Fort Worth Adventist Junior Academy

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Walking in Jesus' footsteps to achieve success for our present and future.

2021-2022 Transportation Release Form/Before and After Care Permission Form

Printed Student Name: _____ Grade _____

I, _____ the parent or guardian of the above student, give permission for my child to depart school grounds with following people as listed below. I will notify the school in advance if my child is leaving with one of the designated people on this list.

_____ (Student Name) is authorized to leave campus with :

1._____Relation: _____Phone: _____

2._____Relation: _____Phone: _____

3._____Relation: _____Phone: _____

4._____Relation: _____Phone: _____

5._____Relation: _____Phone: _____

6._____Relation: _____Phone: _____

I understand that if someone not listed on this Transportation Release Form will transport my child to and/or from school, I will send a written notice with all pertinent information in advance, as well as communicate the change with the front office via phone call or email.

If parents do not pick up their child by 3:45 pm, the child will automatically be sent to After School Care Program. Please do NOT drop students for Before School Care before 7:00am.

Before & After Care Hours:		
	Monday - Friday **Mornings**	7:00 AM to 8:10 AM
	Monday - Thursday **Afternoons**	3:45 PM to 5:00 PM
	Friday - **Afternoon**	1:45PM to 5:00 PM

Before School Child Care charges will be $4.00 from 7:00-8:00, and free from 8:00-8:10. After School Child Care Charges will be $4.00 per hour per child or any portion thereof. Children picked up after 5pm on Monday thru Friday will be charged a rate of $1.00 per minute. Children dropped off before 7:00am are not guaranteed supervision; if supervision is available, there will be an early fee of $1.00 per minute.

Safety Precaution: Person responsible for pick-up ***must sign the child out*** each day the child attends After Care. Please update emergency contact information if any changes are made throughout the school year.

Student Name: _____ Age: _____ Grade :_____(Circle) M F

Student Name: _____ Age: _____ Grade :_____(Circle) M F

Student Name: _____ Age: _____ Grade :_____(Circle) M F

Emergency Phone Numbers:

Parent/Guardian Name: _____Cell: _____
Work: _____Alt: _____

Parent/Guardian Name: _____Cell: _____
Work: _____Alt: _____

Medical History: (Please list any Allergies, asthma problems, etc.)

_____

_____

I certify that the above information is correct and true. I agree to follow the policies as outlined above and by the Parent & Student Handbook. I also agree to pay for expenses incurred for Before&After School Care.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____