

La Habra Montessori Preschool

230, S. Idaho St., La Habra CA., 90631, Tel. # (562) 691 6450/ (626) 224-5259

Email : admin@lahabramontessori.com, Web page : www.lahabramontessori.com

AUTHORIZATION AND WAIVER TO TRANSPORT CHILD

Child's Full Name: _____ School _____ Drop Off time _____
Pick Up Time _____

Child's Date of Birth: _____ Mother's Name: _____ Mother's Phone Number: _____
Father's Name: _____ Father's Phone Number: _____

My child requires a booster seat: **Yes** ___ **No** ___ (All children under 80 lbs. are required to be in a booster seat).

I hereby authorize La Habra Montessori (herein after referred as **The Preschool**) of 230, S. Idaho Street, La Habra CA 90631, to transport my minor child in a Company van, driven by an individual authorized by **The Preschool**. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the Staff Driver. I have read, understood, and discussed with my child:

1. My child will travel in a motor vehicle driven by The Preschool's Staff Driver and my child is to wear their safety belt during travel. (Initial Each Statement) _____(Initial)
2. My child is expected to listen to supervising staff Driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip. (Initial Each Statement) _____(Initial)
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects. (Initial Each Statement) _____(Initial)
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle. (Initial Each Statement) _____(Initial)
5. I understand that I must provide at least 2 hour notice if there is any change in my child's daily transportation failure to do so will result in a \$15.00 charge AFTER the first three times, any time after may result in not being able to ride the van. (Initial Each Statement) _____(Initial)

I recognize travelling in a Vehicle has its' own risks, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hear by attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. _____ (Initial)

As a condition for the transportations received, I, for myself, my child, my executors and assign, further agree to release and forever discharge **La Habra Montessori** of 230, S. Idaho Street, La Habra CA 90631 , and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. _____ . (Initial)

I also agree to pay a \$15.00 fee for not reported to the childcare facility at least 2 hours prior to the scheduled pick up time. More than three occurrences can and will result in suspension from transportation. _____(Initial)

I have read this entire waver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms. Parent/ Guardian Name: _____

Parent/Guardian Signature

Date: _____