



**Play, Learn and have Fun with us**

**New Life Discovery Schools, Inc.**

## **Field Trip and Transportation**

### **Transportation**

Please fill out these forms Form 9744 Bus/Van rules with form 2050 field trip and transportation located inside your Enrollment packet. Transportation is provided by New Life Discovery Schools, Inc. to and from local elementary schools. Please see your Site Supervisor or visit our nlds.net for a list of elementary schools we transport to. However, before transportation can commence the above mentioned forms must be completed fully.

### **Morning school transportation**

If your child needs transportation, please have them at our center by **7:00 Am.** This is to ensure that our bus drivers may leave on time to get the children's elementary schools.

### **After School Pick-up**

It is important that your child I at the designated bus loading area on time. If your child has after school assignment or activities and **do not need** to pick up please **notify your Site Supervisor** that morning or by calling the center. If your child missed the bus/van for any reason, they will need to go to the elementary schools office immediately. The elementary school will contact us and we will return to pick-up your child. Please make sure the elementary school has our contact information in your child's file bus/van drivers do their best to get to all their destinations in a timely matter; however there could be a waiting period of 5-10 minutes. If your child is scheduled to be picked up and does not arrive at the bus stop the bus driver will call the Site Supervisor and the Site Supervisor will notify you. Please make sure your contact information stays current with your Site Supervisor.

### **Releasing children from the bus/van**

Once your child has boarded the bus/van, they are in under the care and the responsibility of the driver. Your child will not be released to anyone other than a parent/guardian or the Site Supervisor of the center. If you need to take your child off the van you must show proper identification, the driver will also call the center for verification. This is to ensure the safety of the children.

### **Absence and Schedule Changes**

It is crucial that you let your center Site Supervisor know of your child's absence prior to the bus route departure or as soon as you know of your child's absence, otherwise the bus driver will be waiting for your child, which delays all subsequent pick-ups. If your child needs to be dropped off or picked up outside of their normal scheduled days or times, you will need to notify the Site Supervisor by 7:00 Am that morning. This will ensure the message is given to the bus driver. The Site Supervisor is required to give you conformation for that change.

### **Field trips**

Monthly field trips are scheduled in advance for children ages 3-12 years old. These experiences are designed for further understanding and appreciation of specific educational units and to add new experiences to the life of a child.

### **Emergency**

You have my permission to transport my child/ren to and from field trips or if needed to an emergency care facility during New Life Discovery Schools, Inc. business hours (6 am-6pm) Monday-Friday. Method of transportation is to include school bus, private auto or walking. I understand it is necessary to always inform New Life Discovery Schools, Inc. anytime that my children will not be attending public school (sick, early dismissal, dr. appointment etc.) or to sign a permission slip for any field trip New Life Discovery School, Inc. provides my child/ren. Should it be necessary for my child/ren to have emergency medical treatment while being transported to and from public school, field trips, or special occasions. I hereby authorize New Life Discovery Schools, Inc. personnel to use their judgment in obtaining emergency medical treatment for my child/ren. I further authorize any individual selected by New Life Discovery Schools, Inc. personnel to render such medical treatment to my child/ren as he/she deem necessary and appropriate.

### **Please attach a copy of your child medical insurance card.**

Date: \_\_\_\_\_

Child's name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Medical/Insurance Policy \_\_\_\_\_

**New Life Discovery Schools, Inc.**

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