



ENROLLMENT PACKET

Contents

- Enrollment Forms
- Transportation Schedule
- Consent to Medical Care and Treatment of Minor Child
- Medical Emergency
- Snack and Beverage Consent
- Photo Release
- Code of Conduct
- Parent Handbook
- Acknowledgement of Forms Received

Return completed enrollment packet to:
enrollments@youngscholarsshuttles.com

Please include the following:

- Photo Identification
- Confirmation Number for Enrollment Fee





Enrollment Forms

Office Use Only:		Date	How did you hear about us?	
Child's name		Name used (Nickname)	Birthdate	
Street address		City	Zip code	
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care			
	cell phone # () -	home phone # () -	alternate phone # () -	
Email address				
Street address		City	Zip code	
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care			
	Cell Phone # () -	Home Phone # () -	Alternate hone # () -	
<i>If unable to contact me, I give my permission for any of the following individuals to be contacted. I permit my child to be released to selected individuals.</i>				
<i>Parent/Guardian signature:</i> _____			<i>Date:</i> _____	
Full Name & Relationship to Child	Cell Phone #	Alternative Phone #	Permission to Release Child to Individual?	
	() -	() -		
	() -	() -		
	() -	() -		
	() -	() -		



Transportation Schedule

Tell us what Days and Times your child will be needing transportation services:

Ride Request Schedule					
Pick-up Location:					
Drop Off Location:					
Transportation Hours 6:00 am- 5:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday
Morning- Time frame from when the school doors open until school starts					
Afternoon – Time school ends					



Consent to Medical Care and Treatment of Minor Children

Consent to Medical Care and Treatment of Minor Child

I give permission that my child, _____ may be given

first aid/emergency treatment by the Young Scholars Shuttle LLC staff and/or a qualified provider:

Parent/guardian signature

Date

Parent/guardian signature

Date

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid care to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of Texas that this information is true and correct.

Parent/guardian signature

Date

Parent/guardian signature

Date



Medical Emergency Form

Your child's safety, health, and welfare are the primary concerns of the staff members at Young Scholars Shuttle LLC. The information requested is especially important to ensure that your child receives the necessary care required for them. We realize that the information requested below has been given on previous pages, however it is important that you complete this form in its entirety. This form will be removed and given to paramedics in the unlikely event of a medical emergency.

Medical Emergency Form

Child's Name:		DOB:
Address:	City:	Zip:
Guardian 1 Name:		
Address:	City:	Zip:
Cell Phone:	Work Phone:	
Guardian 2 Name:		
Address:	City:	Zip:
Cell Phone:	Work Phone:	
Medical Information		
Doctor/Office Name:	Phone:	



Dentist/Office Name:

Phone:

Health conditions:

Allergies:

Current Prescribed Medications:

Special Needs or Conditions we should be aware of:

In the event of an emergency involving my child, and if Young Scholars Shuttle LLC is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services. I (we) agree to keep the Young Scholars Shuttle LLC informed of any incidents requiring professional medical attention involving my child.

Parent or Legal Guardian Signature _____ Date _____



Snack and Beverage Consent

Our program will provide morning and afternoon snack to children as they exit the shuttle. Taking a snack is not a requirement. Parents must give consent and sign a waiver allowing child to receive a snack and beverage. Consumption of any food or drinks on the shuttle is not allowed. A list of all food allergies should be given at enrollment and any time after new allergies are discovered. Food allergies can be life threatening and each child with a food allergy should have an action plan for emergency care completed by the family physician on file. Please complete the form below to grant or decline permission for your child to receive a snack or beverage. You can change your preference at any time by notifying the Director and updating this form.

I _____ **grant / decline** permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)

to receiving a snack and beverage after pick-up from Young Scholars Shuttles.

Please provide the following information if you grant permission for your child to receive a snack or beverage (**select one**):

___ My child **DOES NOT** have a food allergy or dietary restriction. My child may receive a snack or beverage.

___ My child **DOES** have a food allergy or dietary restriction. My child may receive a snack or beverage, but may not eat or handle the following items (please list below):

Parent/Guardian Signature _____ Date: _____



Photo Release Form

Throughout the year we will be taking fun photos for special activities we have. Pictures may also be used on Young Scholars Shuttles' website and social media pages.

Please complete the form below to grant permission to include your child's photo on our website and social media pages. You can change your preference at any time by notifying the Director and updating this form.

Please check ONE below:

I grant permission for my child's picture to be used for activities and the Young Scholars Shuttles' website or social media pages.

I do not grant permission for my child's picture to be used for activities and the Young Scholars Shuttles' website or social media pages.

Child's Name _____

Parent/Guardian Signature _____ Date: _____



Code of Conduct

❖ Be Respectful

- No bullying! Be kind.
- No fighting, arguing, or physical contact with other riders or the driver.
- No Profanity or inappropriate language
- Use inside voice.
- Use headphones while listening to devices.
- Limit cellphone conversations to 2 minutes.

❖ Be Safe

- Seat belts must be worn at all times. Seat belts are only removed after the shuttle comes to a complete stop.
- Always remain seated.
- Distracting or interfering with the driver while driving is strictly prohibited.
- No objects may be thrown inside or from the shuttle.
- Everyone must obey the directions from the shuttle driver during transport.
The driver may assign seats if necessary.

❖ Be Responsible

- Keep the shuttle clean. Clean up after yourself.
- Eating or drinking is not allowed. Save snacks for home.
- Riders must not destroy vehicle property or the property of others.

❖ If you see Something, Say Something

- Let your driver or parent know if another rider is not following any of the rules.

Scholar's Name:

Scholar's Signature:

Parent/Guardian's Signature:

Date:



Acknowledgement of Forms Received

I certify that I have read, understand, and agree to comply with the policy and procedures and information for parents given to me by Young Scholars Shuttle LLC in the Parent Handbook.

Parent Signature _____ Date _____

Director Signature _____ Date _____

