

**PARENTAL/GUARDIAN ENROLLMENT FORM
FOR VAN TRANSPORTATION**

VAN TRANSPORTATION FOR PRESCHOOL STUDENTS

Participant's name _____

Birth date _____ Gender : Male Female

Parent/Guardian's name _____

Home address _____

Home phone _____ Cell phone _____

Email _____

The St. Vincent de Paul School van will be used for transportation of preschoolers for dismissal after the 8:00 -11:00 AM classes Monday through Friday. Car seats will be provided for each child for transporting.

Please mark the days needed for transportation needed for your child.

_____ Monday through Friday (5 days a week)

_____ Monday/Wednesday/Friday (3 days a week)

_____ Tuesday/Thursday (2 days a week)

Cost for this service is:

5 days per week = \$10,00 a week

3 days per week = \$8.00 a week

2 days per week = \$5.00 a week

Drop off address:

All drop off destinations need to be within the Seward City limits.

It is my desire to enroll my child in the St. Vincent de Paul transportation for Preschool Students. I agree to the above information and costs incurred for my child to be transported by St. Vincent de Paul School.

Parent Signature _____

Date _____