



Art Room, Inc. 2731 Maple Ave, Lisle, IL 60532 Tel: 630-778-9825 www.myartrooms.com
lxu@artroominc.com

Transportation Agreement 2013-2014 School Year

Child's Name: _____ Date: _____
Parent's Name: _____
School's Name: _____ School's Phone _____
Child's Teacher: _____ Child's Grade: _____

Art Room Responsibilities:

Your child will be the responsibility of Art Room's Bus Drivers while en route to Art Room

Art Room will provide your child's school with a continuously updates list of children involved in the transportation program and the bus schedule.

M T W Th F

After School Only

Your child will be picked up at: _____ PM in the area of: _____

_____ School will take responsibility of your child at drop-off time in the PM and until he/she is picked up by Art Room

Please note you, the parent/guardian, are responsible for CALLING ART ROOM and your child's school should your child not be needing the Art Room bus service as scheduled.

I give my permission to Art Room to transport my child from school to Art Room and to secure medical help, including the services of an ambulance or the Emergency Room in an event of an emergency.

Parent/Guardian Signature

Art Room Director Signature

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____