

JEI Learning Center Floral Park/Little Neck

256-10 Union Turnpike

Glen Oaks, NY 11004

Telephone 718 -347 – 3138 | Web: <http://JEIFLORALPARK.COM>

Email: INFO@JEIFLORALPARK.COM



Dear _____

(School Name & Teacher)

My (son / daughter) _____ in class _____ will be picked up for

(full name)

(grade + class room)

After School (everday, Mon , Tues, Wed , Thurs , Fri) by JEI LEARNING CENTER FLORAL PARK / LITTLE

NECK's Staff. This is effective School year 20____ - 20_____

Thanks,

Parent Print Name: _____

Parent Signature: _____

Parent Phone: _____

Date: _____

JEI LEARNING CENTER COPY

After School Release and Authorization Form

AUTHORIZATION AND WAIVER TO TRANSPORT CHILD

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____

My child requires a booster seat: Yes No *(All children under 8 years of age are required to be in a booster seat)*

I will provide Booster Seat for transport

I authorize Pivotal Leadership Group (doing business as JEI Learning Center Floral Park/Little Neck) to transport my minor child in a vehicle, driven by an individual authorized by JEI Learning Center Floral Park/Little Neck. 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 driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (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;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby 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.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge JEI Learning Center Floral Park/Little Neck, 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.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name:

Parent Signature

Date

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