



*Rainbow's End Youth Services
105 Fairview Street
Mount Joy, PA 17552
717-653-9511*

PERMISSION SLIP FOR TRANSPORTATION

By affixing my signature hereto:

1. I authorize and give permission for my child to be transported by Rainbows End Youth Services for participation in the after-school programs.
2. I agree to release and hold harmless Rainbows End Youth Services from any liability to me or my child which may arise as a result of my child being transported.
3. I recognize that this permission slip also serves as a first step for my child to be registered for the after-school programs held at Rainbows End Youth Services located at 105 Fairview Street, Mount Joy, PA 17552.
4. If my child is not at the designated waiting area within ten minutes after the school bell, Rainbows End Youth Services is not responsible for returning to school to pick up my child.
5. I understand that Rainbows End Youth Services will not conduct the after-school programs on days when school is cancelled due to weather. We will conduct the after-school program on all other days except major holidays or as otherwise posted on our website, in the Merchandiser or on the calendar located on the door of the center.
6. I understand that **ONLY** registered students will be permitted to ride the bus.
7. **In submitting this permission slip, Rainbows End Youth Services is not responsible if the youth does not get on the bus. Parents may call the center to verify that their child did in fact come to the center.**
8. **By signing this permission slip, I am indicating that I am authorized to sign on the child's behalf.**
9. **By signing below, I am also indicating that my child is permitted to ride the Rainbows End Youth Services bus on both Tuesday and Thursday afternoons for the entire school year. I will notify the school in writing prior to any days when my child will not be riding the Rainbows End Youth Services bus.**

Date: _____ Signature of Parent/Guardian: _____

Phone # _____ Email _____

Emergency Contact _____ Phone # _____

School: _____ Grade: _____

Student's Name (Print): _____ Signature: _____

Original - Rainbows End Youth Services
Copy - Parent/Guardian
Copy - School