



TRANSPORTATION AGREEMENT

Child's Name: _____

Date: _____

My child attends (Please circle):

CYFAIR ISD			
Jowell Elementary 6355 Greenhouse Rd. Katy, Texas 77449 (281) 463-5966	McFee Elementary 19315 Plantation Cove Ln. Katy, Texas 77449 (281) 463-5380	Hemmenway Elementary 20400 West Little York Rd. Katy, Texas 77449 (281) 856-9870	Emery Elementary 19636 Plantation Myrtles Dr. Katy, Texas 77449 (281) 855-9080
*Sheridan Elementary 19790 Keith Harrow Blvd. Katy, Texas 77449 (281) 856-1420	Walker Elementary 6424 Settlers Village Dr. Katy, Texas 77449 (281) 345-3200	Robinson Elementary 4321 Westfield Village Dr. Katy, Texas 77449 (281) 855-1240	Wilson Elementary 18015 Keith Harrow Blvd. Houston, Texas 77084 (281) 856-1420
Duryea Elementary 20150 Arbor Creek Dr. Katy, TX 77449 Phone: 281-856-5174	**Thornton Middle School		

I, _____, agree for my child, _____ to ride on the bus provided by the Kids 'R' Kids Child Care Center as shown in the stamped address above. *Please note that transportation to and from Sheridan Elementary is provided by Cy-Fair ISD. ***Kids 'R' Kids does not provide transportation to Thornton Middle School. Students can walk from our facility to Thornton Middle School. Kids 'R' Kids does not assume responsibility for children attending Thornton Middle School until they enter the center.

My child is in the _____ grade.
 My child will be riding the bus (Please circle)

AM ONLY

PM ONLY

BOTH WAYS

Parent Emergency Information to remain on the bus:

Parent's Name: _____	Home Phone: _____
Mother's Work #: _____	Father's Work #: _____
Mother's Cell #: _____	Father's Cell #: _____

If I can not be reached to make arrangements for emergency medical care for my child at the time of a sudden illness/accident, or time will not permit to notify me first, I give my permission for Kids 'R' Kids and the Director and/or Franchisees to take my child to Texas Children's Hospital located at 18200 Katy Freeway in Houston. I hereby give consent for necessary emergency treatment when my child is in the care of a licensed Physician, Emergency Room, or Hospital.

Parent's Signature: _____

Date: _____