

SFCS Summer Care Bus Transportation Registration Form 2018

Transportation from St. Michael School to the Summer Care Program at Holy Spirit School is made available thanks to the generous use of the St. Michael Parish Bus.

Bus will leave St. Michael Elementary School between 7:30 and 7:45 A.M.

Bus will return to St. Michael Elementary School between 5:15 and 5:30 P.M.

These times are subject to change depending on the number of students participating. SFCS will notify registrants by May 18 of any changes.

Student's Name: _____ Age: _____ Date of Birth: _____

Grade 2017-2018: _____ Parent/Guardian Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone#: _____

ENROLLING: Circle the days riding and indicate if your child will be riding the bus round trip, or one way only.

Week No. and Dates	Days Riding	Round Trip	AM Only	PM Only
1 (May 21 –May 25)	M T W R F			
2 (May 29 –June 1)	M T W R F			
3 (June 4 –June 8)	M T W R F			
4 (June 11 –June 15)	M T W R F			
5 (June 18 –June 22)	M T W R F			
6 (June 25 –June 29)	M T W R F			
7 (July 2 –July 6)	M T W R F			
8 (July 9 –July 13)	M T W R F			
9 (July 16 –July 20)	M T W R F			
10 (July 23 –July 27)	M T W R F			
11 (July 30 –Aug 3)	M T W R F			
12 (Aug 6 –Aug 10)	M T W R F			

I, _____ grant permission for my child, _____ to be transported from St. Michael School to Holy Spirit School by authorized Sioux Falls Catholic School (SFCS) personnel. I agree to hold harmless and defend SFCS, St. Michael Church, Holy Spirit Church, and Catholic Diocese of Sioux Falls from any claim arising from or in connection with my child's transportation from St. Michael School to Holy Spirit School and back to St. Michael School.

The estimated cost per child for bus transportation is \$10 per week.

___ I wish to donate \$___ per week for my child to ride the bus, for a total donation of \$_____.

___ Please bill my TADS account for my donation.

___ I have enclosed my donation.

Parent/Guardian Signature (required): _____ Date _____

Parent/Guardian (Please Print Name): _____

Please return the bussing registration form with Summer Care Registration Form by March 9, 2018.