

Let's GO Inc.

PERMISSION AGREEMENT

PLEASE NOTE: IF YOUR CHILD WILL NOT NEED AFTERSCHOOL PICK UP, WE MUST BE NOTIFIED NO LATER THAN 2:00pm, if notification is not received you will be CHARGED a \$15.00 fee for 1st offense, 2nd offense \$25.00 and 3rd offense services will be terminated. You can notify us via text 678.758.7569 or email letsgonopickup@gmail.com and you will receive a response of "NOTED" upon receipt.

Notifications can be sent 24hrs a day!

Student's First Name:

Student's Last Name:

D.O.B:

Age:

Home #:

Home Address:

City:

State:

Zip:

Father's Name:

Work #:

Cell #

Mother's Name:

Email:

Work # :

Cell #

Email:

Student's Cell #:

SPECIAL HEALTH CONDITIONS/ALLERGIES:

EMERGENCY CONTACT INFORMATION

Name:

Phone Number:

1.

1.

2.

2.

3.

3.

School Name:

Phone Number:

Grade:

Teacher's Name:

RELEASE INFORMATION

I, _____ authorize LET'S GO INC., to transport
(PARENT'S NAME)

(CHILD'S NAME)

to and from the designated locations starting on _____
(DATE)

Office Use:
 Registration PAID \$ _____ Date _____
 Weekly Rate \$ _____ Initial Payment \$ _____

Let's GO Inc.

3564 Wesley Chapel Road Suite E117 Decatur Ga. 30034

770-987-8834 fax 678-758-7569 office **1995letsgo@gmail.com**

PAYMENT AGREEMENT

20__ - 20__

PLEASE read the following agreement carefully. Place your initials in each required area and sign the document indicating your complete understanding and commitment to abide by all requirements stated. If you do not abide by the requirements stated in this document, your service will be terminated.

Registration Fees:	Payment Options:	Please Check One
New Clients \$50 for 1 Child, 2 Children \$80.00 & \$130.00 for Family	<input type="checkbox"/> Monthly on the 1st	<input type="checkbox"/> Weekly
Returning Client \$40.00 for 1 Child, 2 Children \$70 & \$110.00 for Family	<input type="checkbox"/> Monthly on the 15th	<input type="checkbox"/> Bi-Weekly

Please Initial All Areas: CHILD'S NAME: _____

Weekly fee payments must be paid on Friday by 7:00pm, prior to service being rendered.

Service will not be rendered on Monday without payment. NO EXCEPTION!

Monthly or bi-weekly payments must be paid in advance and on schedule or service will not be provided.

Fees are NOT PRORATED – Payment is due regardless if child attends.

Fee for Thanksgiving, Christmas & Spring Breaks is ½ of weekly rate per week & payment is due before break.

Child or Children should be ready to board the van/bus upon arrival. *Failure to have child ready upon arrival will result in your child missing the van/bus. We do offer a courtesy phone call upon request.* **WE DO NOT WAIT!**

Scheduled time of pick-up and drop off can change due to enrollments and withdrawals, notice of time changes are provided by text.

Let's Go Inc., reserve the right to cancel service due to conflicts, lack of area participation or unruly behavior.

NOTICE of CANCELLATION will be given verbally and via text.

I received a copy of the Policy & Procedures and understand my obligations. If at any time I am unable to fulfill my obligation, I will notify Let's Go Inc. verbally and in writing.

Authorized Signature: _____ **Date:** _____

This contract must be sign & completed, before service can be rendered!