

2017 TIC SUMMER CAMP DC West SHUTTLE Arlington Bus Stop

Please read, sign form and send to forms@ticcamp.com or fax to 703-995-4681. We must have a signed copy of this form for campers to ride the Shuttle Bus.

AM BUS PICK UP: If you arrive at the bus stop early, you must wait with your child until they are checked in. If you arrive after the scheduled departure time, you will need to take your child directly to Georgetown Day Lower Middle School for camp. Camp begins promptly at 8:30 am.

PM BUS DROP OFF: If you are running late picking up your child, please call 703-343-0899. If a child is not picked up by the designated time, the bus counselor will call the contact numbers listed on the permission form and your child will be driven back to camp and enrolled in Extended Day. (additional costs apply).

- Arlington Central Library ("Library"), 1015 N Quincy Street, Arlington, VA 22201
 - Morning departure is 8:05 am; Afternoon drop off is 3:30pm.*

*Times are approximate and will depend on traffic. If the bus is running late, please call 703-343-0899 for updated information.

On the permission form, please give us all relevant contact numbers (parents, friends or relatives, guardians, babysitters) including numbers of cell phones – whatever is necessary for anyone who may be contacted if a child is not picked up on time.

BUS RULES

1. Remain quietly seated with seat belt fastened at all times the bus is in motion.
2. Obey the TIC bus driver and bus counselor.
3. Behave in a polite and orderly manner.
4. Parent or guardian picking up must have TIC CARPOOL CARD.

We reserve the right to deny bus service to campers who break the rules or misbehave. Our bus driver has a Commercial Drivers' License and appropriate experience and training, and has been trained to deal with accidents or any other disruptions. TIC is fully insured and meets all of the American Camp Association accreditation standards for transporting children.

If your child will not be riding the bus on any given day, please contact the TIC-DC West Camp office at (703)343-0899 or email ticcamp.dccwest@gmail.com

Please fill out and send in the permission form; making a copy for your records. We must have permission for each child riding the bus. If you are sending more than three children, please fill out an additional permission form.

2017 TIC-DC WEST SHUTTLE BUS PERMISSION FORM

Arlington Bus Stop

PLEASE CHECK THE BUS SERVICE FOR EACH SESSION ATTENDING:

CAMPER 1 (first & last name): _____ Age: _____

<u>SESSION 1</u>	<u>SESSION 2</u>	<u>SESSION 3</u>	<u>SESSION 4</u>
<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library

CAMPER 2 (first & last name): _____ Age: _____

<u>SESSION 1</u>	<u>SESSION 2</u>	<u>SESSION 3</u>	<u>SESSION 4</u>
<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library

CAMPER 3 (first & last name): _____ Age: _____

<u>SESSION 1</u>	<u>SESSION 2</u>	<u>SESSION 3</u>	<u>SESSION 4</u>
<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library	<input type="checkbox"/> AM: Library <input type="checkbox"/> PM: Library

I give permission for my child(ren) to walk or bike from Arlington Central Library. (Children will be required to sign out with bus counselor.)

NAME & PHONE NUMBERS OF PARENTS OR GUARDIANS DROPPING OFF AND PICKING UP CHILD(REN)

Please print clearly and list all that apply, and include any numbers where they may be reached.

No child will be released to a person not on this list and persons listed below must bring the TIC carpool card or proper ID.

Contact Name: _____ Contact Name: _____

Contact #: _____ Contact #: _____

Contact #: _____ Contact #: _____

Contact Name: _____ Contact Name: _____

Contact #: _____ Contact #: _____

Contact #: _____ Contact #: _____

I give permission for my children to be transported between Georgetown Day Lower Middle School and Arlington Central Library on the TIC bus on camp days. I have read and agree to the conditions described above regarding the shuttle service. I (or my designee) will bring my child(ren) to the parking lot before the departure times listed above and put them on the TIC bus, as indicated above. I will meet my child(ren) (or have them met by one of the people listed) each day, as indicated above. In case of an emergency, I give permission for my children to be transported in a private vehicle.

Signature: _____ Date: _____