

REGISTRATION DEADLINE JUNE 30



Dear Parents,

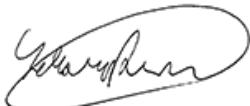
We are pleased to inform you that, in partnership with AI busing, we will be offering busing service for the 2017-18 school year. As there is no state of IL funding provided, the busing fees reflect the actual cost of the service.

Busing is available as follows:
 YTT AM Busing \$350 per child
 YTT PM Busing \$400 per child
 JDBY PM Busing \$350 per child

YTT will have morning busing for both Minyan students and at 8:30; YTT PM busing will include the 3:45 and 4:45 dismissals, as well as Friday dismissals. The \$400 bus fee for YTT PM includes the cost of hiring bus monitors. JDBY busing is for K-8 only; **there will be no nursery busing.**

Buses will be filled on a **first come first serve basis**. If a route to a neighborhood is full, all additional registrants will be placed on a waitlist pending sufficient demand for an additional bus. Please sign up as soon as possible to ensure your child's seat on the bus. Please include complete payment arrangements with your registration forms. The **final deadline** to sign up for busing is **Friday, June 30**. No registration forms will be accepted after that point. Registration forms unaccompanied by payment arrangements will NOT be accepted. Please note: This service is entirely run by JDBY-YTT. Please do not contact AI Bussing with any questions or concerns, as they will not be able to assist you.

All routes are subject to demand. JDBY-YTT reserves the right to cancel busing for any routes with insufficient demand. If a route you selected is canceled, you will be notified by August 3rd.



Rabbi Yehoshua Pinkus

	Child's Name	School	Grade <small>17-18</small>	Morning <small>Pick-Up</small>	Afternoon <small>Dropoff</small>
1.					
2.					
3.					
4.					
5.					
6.					

Full payment arrangements for transportation charges must accompany registration form. There will be no refunds.

Payment Option (please check one, and fill out authorization form on back)

- ACH
- Credit Card

Kindly register my child(ren) for bus service for 2017-2018 as noted above. We have reviewed the rules and regulations of busing with our child (ren) and understand that breaking any of these rules may result in loss of bus riding privileges. Additionally, I realize that I will be held responsible for any damages sustained by the buses on account of my children. I understand that some buses may be under video and/or audio surveillance.

Parent Signature:

Date:

Please mail or email the form to JDBY-YTT Busing
6110 N. California Ave Chicago, IL 60659 • busing@jdbyytt.org • 773.465.8889
For any questions, or further information, please contact busing@jdbyytt.org or call 773.465.8889 ext. 670
Please do not contact AI Bussing

AUTHORIZATION FOR PAYMENT
ACH and Credit Card
Joan Dachs Bais Yaakov Elementary School - Yeshivas Tiferes Tzvi
6110 N. California, Chicago, IL 60659
773-465-8889 / Fax 773-465-0993

In consideration of the products and/or services provided to me by JDBY-YTT as listed above, I hereby authorize *Joan Dachs Bais Yaakov Elementary School - Yeshivas Tiferes Tzvi* to initiate a debit entry to my checking account indicated below at the depository financial institution named below, and to debit the same to such account for the amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACH OPTION	
Depository Bank Name Branch	(City, State, Zip):
Checking Account Number (No Savings Accounts) Routing Number	
Please attach voided check	

CREDIT CARD OPTION			
Credit card number	exp.	Mo	Yr
			□ □ □ security code

Payment Amount Per Month: \$ _____ Date of the month _____

Beginning Date: ____/____/____ (mm/dd/yyyy) # of Months _____

This authorization is to remain in full force and effect for the transactions above only. The specific debit to my account authorized herein may post on or after the above date.

I may only revoke this authorization by contacting *Joan Dachs Bais Yaakov Elementary School Yeshivas Tiferes Tzvi* directly at the address and phone number listed above before the transaction date.

If the above account does not have sufficient funds on the withdrawal date indicated, there will be a charge of \$5.00.

Authorized By: _____
(Please Print) Name

Address: _____

Email: _____

Signature: _____ Date: _____