



# KIDS FIRST

CHILD CARE RESOURCE CENTER

**Every employee who is using a bus pass purchased by the City of Aspen – Kids First must sign this agreement annually and return it to us.**

I, \_\_\_\_\_, understand that the bus pass is to be used only for commuting to my work at \_\_\_\_\_ (name of center), or for other work related activities, and is supplied to me by Kids First and the City of Aspen.

I understand that if the bus pass is lost, the Kids First Bus Pass Program will not cover the replacement cost of the pass, and that my employer may have an additional agreement concerning the bus pass benefit.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**