

Registration Form

Child's Information:

First Name _____ Last Name _____

Birthday / /
(Month) (Day) (Year)

Home Address _____ City _____ Postal Code _____

School _____ Teacher _____ Grade _____

Health Card # _____ Doctor _____

Doctor's Address _____ Doctor's Phone _____

Medical
Conditions /
Allergies

Guardian _____ Relationship _____

Cell # _____ Work # _____

Home # _____ Email _____

Guardian _____ Relationship _____

Cell # _____ Work # _____

Home # _____ Email _____

Guardian _____ Relationship _____

Cell # _____ Work # _____

Home # _____ Email _____

Details of Service Required: _____

This is a private contract at the flat rate of _____ per _____ payable on the ____ day of each month.

Having read and fully understanding all policies and procedures of DrivinU, I agree to abide by this contract and all DrivinU policies regarding payment and procedures.

(All Information regarding policies payments and procedures can be found on our website: www.drivinu.com)

I authorize DrivinU to arrange transportation for my child according to the information given above.

Name: _____ Signature: _____ Date: _____