

“**SAFE, RELIABLE AND PERSONALIZED TRANSPORTATION FOR KIDS AS WELL AS CHILDREN WITH SPECIAL ABILITIES.”**

[www.kidsonwheels.ca](http://www.kidsonwheels.ca) **647-224-2879** info@kidsonwheels.ca

**APPLICATION FOR PRIVATE TRANSPORTATION 2025-2026**

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| --- | --- |
| Child’s first name:  | Child’s last name: |
| Home Address:  | Apt#: |
| Postal Code:  | City: |  Home phone:  |
| Date of Birth: MM/DD/YYYY | Gender:  | Child’s Health Card: |

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| --- | --- | --- |
| Mother’s name: | Work #: | Cell #: |
| Email Address: |
| Father’s name: | Work #: | Cell #: |
| Email Address: |

|  |  |
| --- | --- |
| Emergency contact name: |  Relationship to child:  |
| Phone #: |  Drop-off location: |

|  |  |
| --- | --- |
| **Morning Pick up** Address: | **Afternoon Pick up** Address: |
| Bell Time AM: Supervision begins: | Bell Time PM: Supervision ends: |
| **Morning Drop-off** Daycare/school/ special program Name: Address: Phone#: | **Afternoon Drop-off:**Daycare/special program/ home Name: Address: Phone#: |

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| --- | --- | --- |
| Start date:  | End Date: | Grade: |
| Mon: | Tues: | Wed: | Thurs: | Fri: |

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| Does your child have allergies/medical history that we should be aware of or could require immediate treatment? If so, please specify:Booster seat required: YES / NOSpecial needs if any:Notes/ Comments:  |
| Signature of parent/guardian: | Date: |