

“**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 SUMMER 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** | | |

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

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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:** |  |
|  | |

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| --- | --- |
| **Morning Pick up Address:** | |
| **Drop-off daycare/camp/organization Name:** | **Phone#:** |
| **Address:** | |

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| --- | --- |
| **Afternoon Pick up Address:** | |
| **Drop-off daycare/camp/organization Name:** | **Phone#:** |
| **Address:** | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Start Date:** | | **End Date:** | | | **Age:** | |
| **Supervision Begins:** | | **Start Time AM:** | | | **End Time PM:** | |
| **Mon:** | **Tues:** | | **Wed:** | **Thurs:** | | **Fri:** |
| **□Week of June 30** | **□Week of July 7** | | **□Week of July 14** | **□Week of July 21** | | **□Week of July 28** |
| **□Week of Aug 4** | **□Week of Aug 11** | | **□Week of Aug 18** | **□Week of Aug 25** | |  |

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| --- | --- |
| **Notes/ Comments:**  **Booster seat required: YES / NO**  **Special needs if any:** | |
| **Signature of parent/guardian:** | **Date:** |