 **KIDS ON WHEELS**

**“SAFE, RELIABLE AND PERSONALIZED TRANSPORTAION 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 2019 – 2020**

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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:** |

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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/school Name:**  | **Phone#:** |
| **Address:**  |

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

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| --- | --- | --- |
| **Start date:**  | **End Date:** | **Grade:** |
| **Supervision Begins:** | **Bell Time AM:** | **Bell Time PM:** |
| **Mon:** | **Tues:** | **Wed:** | **Thurs:** | **Fri:** |

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| **Notes/Comments (Please Note if Booster seat is needed):** |
| **Signature of parent/guardian:** | **Date:** |