 **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**

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

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

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

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

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

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

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