



Kids on Wheels

"SAFE, RELIABLE AND PERSONALIZED TRANSPORTATION FOR
KIDS AS WELL AS CHILDREN WITH SPECIAL ABILITIES."

www.kidsonwheels.ca 647-224-2879 info@kidsonwheels.ca

APPLICATION FOR PRIVATE TRANSPORTATION 2022-2023

Child's first name:		Child's last name:	
Home Address:			Apt#:
Postal Code:	City:	Home phone:	
Date of Birth:	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:

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#:

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

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 / NO	
Special needs if any:	
Notes/ Comments:	
Signature of parent/guardian:	Date: