



# Kids on Wheels

"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 2022

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:	

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

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

Start Date:		End Date:		Age:	
Supervision Begins:		Start Time AM:		End Time PM:	
Mon:	Tues:	Wed:	Thurs:	Fri:	
<input type="checkbox"/> Week of July 4	<input type="checkbox"/> Week of July 11	<input type="checkbox"/> Week of July 18	<input type="checkbox"/> Week of July 25		
<input type="checkbox"/> Week of Aug 2	<input type="checkbox"/> Week of Aug 8	<input type="checkbox"/> Week of Aug 15	<input type="checkbox"/> Week of Aug 22	<input type="checkbox"/> Week of Aug 29	

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