



## Registration Form

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

List any food allergies your child has \_\_\_\_\_

Date for transportation to start \_\_\_\_\_ Does your child require a booster seat? \_\_\_\_\_

Do you need drop-off verification? \_\_\_\_\_ If yes, which would you prefer: a text or photo? \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

### TRANSPORTATION SERVICE REQUIRED

Pick-Up Location \_\_\_\_\_ City \_\_\_\_\_

Daily, Monday through Friday

Destination \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

If your child has a different destination for the same day each week, please complete:

Day of the week \_\_\_\_\_

Destination \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Weekly, Single or Multi-Day

Day of the week \_\_\_\_\_

Destination \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Occasional Single Day --- Destination to be specified

No specific drop time needed     My child needs to be dropped off no later than \_\_\_\_\_.

Please supply us with any information you feel may be important for us to know about your child:

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**A \$25 Registration Fee will secure a seat for your child.**