

CHILD INFORMATION

Child's First Name	Child's Last Name	Date of Birth	Gender
Home Address	Apt #	Postal Code	City

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Name	Relationship to Child	Cell Phone	Alternate Phone
Email Address			
Parent/Guardian 2 Name	Relationship to Child	Cell Phone	Alternate Phone
Email Address			

SERVICE SCHEDULE

Requested Start Date	End Date (if known)	Grade	Date Application Submitted

Service Days Requested (check all that apply):

	AM	PM
Monday	☐	☐
Tuesday	☐	☐
Wednesday	☐	☐
Thursday	☐	☐
Friday	☐	☐

PICKUP & DROP-OFF LOCATIONS

Morning Pick Up Address		
Morning Drop-off — Daycare/School/Program Name	Address	Phone #
Afternoon Pick Up Address		
Afternoon Drop-off — Daycare/Program/Home Name	Address	Phone #

MEDICAL & SPECIAL NEEDS

Allergies / medical history the driver should be aware of (if any)

Booster seat required?

☐ Yes☐ No

Special needs, if any

Insurance / Medicaid ID or Funding Source (if applicable)

Notes / Comments

PICKUP & CUSTODY INFORMATION

Authorized Pickup Person 1

Relationship

Phone

Authorized Pickup Person 2

Relationship

Phone

Person(s) NOT Authorized to Pick Up Child

Are there custody orders or legal restrictions we should know about?

☐ Yes☐ No

If yes, please describe

TRANSPORTATION AUTHORIZATION

Legal Authority: I certify that I am the parent/legal guardian of the child named above, or otherwise have legal authority to authorize transportation services for this child.

Transportation Authorization: I authorize Annie's Angels Transportation to transport the child named above between the pickup and drop-off locations listed on this application on the scheduled service days. I agree to notify Annie's Angels Transportation of changes to authorized pickup persons, custody orders, or legal restrictions that may affect transportation or release of the child.

Signature of Parent/Guardian

Printed Name

Date

Emergency contact and emergency medical authorization are maintained on a separate form.