

BUKKS Registration Form

Date of Enrollment: _____

Name of Child(ren) _____ Birthdate: __/__/__ Sex: M__ F__

Service Days _____ One Way__ Round Trip__

Name of Mother: _____

Name of Father: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cel Phone: _____

Place of work: _____ Hours: _____

Email Address _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cel Phone: _____

Place of work: _____ Hours: _____

Email Address _____

Does the passengers(s) have any illnesses or allergies (check one) Yes__ No__

If yes, please explain _____

Please list any other medical conditions _____

Person(s) to contact in case of emergency

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Pick-up Location (check one) Pick-up Time _____

HOME __ SCHOOL__ OTHER__

Address _____

City, State, Zip _____

Contact _____ Phone _____

Drop-off Location (check one) Drop-off Time _____ Pick-up Time _____

HOME ___ SCHOOL___ OTHER___

Address_____

City,State,Zip_____

Destination Contact_____Phone_____

Alternate Drop-off Location_____Phone_____

ACKNOWLEDGEMENT

I hereby acknowledge that the above information is true and accurate

I understand that should an emergency situation occur during transportation with Bukkaroo Ultimate Kids Kab Service, the passenger will be taken to the nearest medical emergency facility. I give authorization to emergency officials or hospital to render medical assistance should passenger require it.

Signed by_____

Date_____

Print name_____
