

BUKKAROO ULTIMATE KIDS KAB APPLICATION

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name _____ Cell: _____ Work Ph.: _____

Mother's Name: _____ Cell: _____ Work Ph.: _____

E-mail Address: _____

EMERGENCY CONTACT

NAMES: _____

PHONE NUMBERS: _____

If we are transporting your child or children to and from school, please complete the section below.

School Name: _____ School's Phone number: _____

Grade: _____ Teacher's Name: _____

Parent's Signature _____ Date: _____

PLEASE INITIAL ALL AREAS: CHILD'S NAME: _____

BEFORE SCHOOL PICK

AFTER SCHOOL PICK UP

MEDICAL OR DENTAL

ACTIVITY

() Weekly Fees Payments must be paid on Friday, prior to service being rendered. Service will NOT be rendered on Monday without payment or prior arrangements for same.

() Monthly or bi-weekly payments must be paid on schedule or service will be TERMINATED

() Fees are not PRORATED, payment are due regardless if child attends.

() Child or Children should be ready to board the van upon arrival, failure to have child ready upon van arrival will result into your child missing the van. We do offer a Courtesy phone call upon Request by the Parent(s). WE DO NOT WAIT.

() Scheduled time of pick up and drop off can change due to enrollments and withdrawals. Notice of time change will be given verbally in advance.

() Bukkaroo Ultimate Kids Kab, Service. reserves the right to cancel service due to conflicts, lack of area participation, or child behavior problems.

() I have received a copy of the policy and Procedures and understand my obligations. If at any time I am unable to fulfill my obligation, I will notify Bukkaroo Ultimate Kids Kab Service in writing.

Authorized Signature: _____

Date: _____