The Apple Tree Preschool & Learning Centre
Application for Private Transportation

Child's first name: _____

Child's last name: _____

Home Address: _____ Apt #_____

Home Phone # (   ) _____-_____ Postal Code_____   City_____

Date of birth_____   Gender____

Child's Health Card (optional)_____

Mother's name_____

Work#: (_____) _____-_____ Cell# :(___) _____-_____ Can we text you?   Y   N

Father's name_____

Work#: (_____) _____-_____ Cell# :(___) _____-_____ Can we text you?   Y   N

Email Address: (optional)_____

Emergency Contact Name: _____Relation_____

 Phone# :(___) _____-_____

Alternate Emergency Drop-off Location Address

_____

Does your child have Allergies\Medical history that we should be aware of or could require immediate treatment? Please Specify

_____

What other information would you suggest that might be required in case of emergency?

_____

In case of Emergency, permission is herby given to release the above information to a Medical Practitioner.

Date: _____

Parent/Guardian Signature_____

Apple Tree Campus:(circle)   WHITBY   AJAX

School_____

School Phone # (_____)_____-_____

Busing Requirements: Mon._____ Tue._____ Wed._____ Thurs._____ Fri._____

Time Requirements: morning in:_____   afternoon out:_____

Bus Start Date: _____

JK_____   SK_____   Grade_____   Teacher's Name: _____

You are responsible to inform the supervisor of your campus of any changes to your child's scheduled pickups immediately so we can inform the driver.