

Registration Form



Submission of this form does not necessarily guarantee your child a seat on a *Kids Kab* van. Upon receipt of this form, we will contact you confirming your child's schedule.

Please **PRINT CLEARLY** and snail mail, scan and e-mail or fax back all forms to *Kids Kab* (mailing details are located on Airport Reg. Page).

PASSENGER INFORMATION

Last Name _____ First Name _____ Gender (circle) M F

Address _____ Apt # _____

City _____ Zip Code _____

Home Phone & Cell _____

Grade _____ Date of Birth _____

Please indicate special needs (if any)

CUSTOMER (person(s) responsible for account)

Last Name _____ First Name _____

Address (if different from passenger) _____ Apt # _____

City _____ Zip Code _____

Home Phone _____

Credit Card Info

Type Visa No.
 Master No.

Expiration Date
Security Code

PARENT/LEGAL GUARDIAN INFORMATION

Mothers Last Name _____ Mothers First Name _____

Address (if different from passenger) _____ Apt # _____

City Zip Code

Home Phone

Employer Work #

E-Mail Cell #

Fathers Last Name Fathers First Name

Address *(if different from passenger)* Apt #

City Zip Code

Home Phone

Employer Work #

E-Mail Cell #

EMERGENCY INFORMATION

In case of an emergency, please contact:

Name Relationship to passenger

Day Phone Evening Phone

I am the parent/legal guardian of the above minor passenger. I have read the Kids Kab Transportation Rules, Policy and Rates, and agree to be responsible for all amounts owed to Kids Kab. I hereby assume all risks of loss and injury that may be incurred, directly or indirectly as a result of transportation service and authorize Kids Kab to arrange for professional care/treatment in case of an emergency.

Signature of Parent or Guardian Print Name Date

Please return the registration form to:

Kids Kab
P.O. Box 700726
San Jose, CA 95170-0726

Phone: (408) 342-0100 Fax: (408) 342-0101
Email: info@kidskab.com

Transportation Schedule

Location of Pick Up #1 (Please Print Clearly)

Service To Begin On _____ (DATE)

(AM/PM)

Name of School of Organization

Pick Up Time

Address

Apt #

City

Zip Code

Phone

Pick Up Days (circle):

Mon.

Tues.

Wed.

Thurs.

Fri.

Office Use Only

Cross Street / Grid #

Location of Drop Off #1 (Please Print Clearly)

(AM/PM)

Name of School of Organization

Drop Off Time

Address

Apt #

City

Zip Code

Phone

Instructions, if applicable (i.e. visor card needed, walk child to classroom, etc.)

Office Use Only

Cross Street / Grid #

Adult Receiving Child (if applicable)

Name

Relationship to passenger

Home

Work

Location of Pick Up #2 (Please Print Clearly)

Name of School of Organization Pick Up Time (AM/PM)

Address Apt #

City Zip Code

Phone Pick Up Days (circle):
Mon. Tues.

Office Use Only
Cross Street / Grid #

Wed.
Thurs. Fri.

Location of Drop Off #2 (Please Print Clearly)

Name of School of Organization Drop Off Time (AM/PM)

Address Apt #

City Zip Code

Phone

Instructions, if applicable (i.e. visor card needed, walk child to classroom, etc.)

Office Use Only
Cross Street / Grid #

Adult Receiving Child (if applicable)

Name Relationship to passenger

Home Work

For the safety and well-being of your child, it is extremely important that the parent/legal

guardian have an alternative drop-off location. *Please refer to the attached KIDS KAB POLICY; Second "Deliveries" section for further information.*

Alternative drop off location (Please Print Clearly)

Name (adult receiving child) Relationship to passenger

Address Apt #

City Zip Code

Phone

Office Use Only
Cross Street / Grid #

Comments
