

Kiddie Koach Transportation

Name	
Street Address	
City St zip code	
Home Phone or cell	
E-Mail Address	

Parent OR Guardian Contact Information

How many Days a week do you need support? ___ grade ___ school hours _____

How will your child be dismissed carpool___ or walker _____

Morning Pay weekly
 Weekday afternoons Pay by-weekly High back car seat
 Weekday evenings Pay Monthly Booster seat

Passenger

Pick up or Drop off locations

Name		
School name/ city/zip code		
School Phone/etc.		
Teacher Name etc.		

Person to Notify in Case of Emergency

Name			
Street Address			
City ST ZIP Code			
Home Phone or cell			

Agreement and Signature: By signing this agreement, I affirm that kiddie Koach have permission to transport passenger or passengers name list above. I understand that I am opting into Kiddie Koach Car Services. I am accepting and will abide by the policy and choices to do otherwise will be a breach of the agreement services will end immediately. I also understand there will be no discounts for school closing, Holiday, Snow days, vacations, doctor appointments etc. If you have enrolled in our non-discount program this will not apply to you. Please note: all Funds nonrefundable. Payments are due on Friday prior to services starting each week.

It is the policy of this organization to provide supporting service based upon amount paid in advance. If three or more cancellation occurs without notification via text or phone, Agreement will end immediately **without refunds**. We follow Baltimore City and Baltimore County school schedule with all programs. Clients will have a temperature check before entering the car as well as wearing a face mask. Will not transport if child's temp is over 99.9 or showing any Covid sign. Thank you or allow us to provide you a service.

Name (printed)		
Signature		Date
Office use only	commutation 1 st _____ 2 nd _____ 3 rd _____ 4 th _____ 5 th _____	Miles to _____ and from _____ Driver Assisted to transport _____

