

**Registration
Admission Information**

Directions: Parents, please complete our enrollment form in full. Be sure to include your contact info, your child's details, school name, pick-up/drop-off addresses, and the service option that best fits your needs (AM, PM, or round-trip). Select the number of service days, list emergency contacts, and sign acknowledging tuition policies.

General Information

Transportation Company: Lil' Wheels Express		Director's Name CRYSTAL WHITE	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Start Date	Round Trip(M-F) AM PM
Name of Parent or Guardian Completing Form	Address of Parent or Guardian (if different from the child's)		
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/ guardian cannot be reached			Relationship
I authorize Lil' Wheels Express to release my child ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a daycare person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:	
1. Transportation	
I give consent for my child to be transported and supervised by the operation's employees: for emergency care to and from home to and from school	
2. Field Trips only for Daycare Trips (if you use us for Transportation outside of Daycare this is not for you)	
<input type="radio"/> I give consent for my child to participate in field trips.	
<input type="radio"/> I do not give consent for my child to participate in field trips.	
Comments	

3. Water Activities

I give consent for my child to participate in the following van activities:

☐ Tablet Play ☐ Watch Movie ☐ Listen to Disney Music ☐ Eat Snacks ☐ Use headphones

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

☐ Discipline and guidance ☐ Procedures for release of children
☐ Suspension and expulsion ☐ Illness and exclusion criteria
☐ Emergency plans ☐ Payment Schedule
☐ Procedures for conducting vehicle safety checks ☐ How to notify us in case your child/ren is sick
☐ Safety Guidelines ☐ Snack service practices
☐ Procedures for parents to discuss concerns with the director ☐ Contact information for Driver
☐ ☐

5. Snacks

I understand that the following snacks will be available for all after school picks(select if your child may have any snacks:

☐ None ☐ Apple Juice ☐ Chess Crackers ☐ Pretzel ☐ Water ☐ ☐

6. Days and Times for Transportation My child will need transportation on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan Submitted on _____

Child Transportation are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

☐ Ride with Lil' Wheels Express ☐ Sit in a booster ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address or daycare address:

☐

Admission Requirement

To complete enrollment, parents/guardians must provide and agree to the following:

1. To complete enrollment, parents/guardians must provide and agree to the following:
2. Child Photo – A recent picture of your child must be submitted so our drivers can correctly identify who we are transporting.
- ③ 3. School Notification Letter – Parents must deliver our official letter to their child's school, notifying them that Lil' Wheels Express will be responsible for pick-up/drop-off.
4. Transportation Agreement – Parents acknowledge that their child will be transported in a Lil' Wheels Express van and will ride in an age-appropriate booster seat as required by law.
5. Parent Identification – A valid photo ID of the enrolling parent/guardian must be submitted and kept on file for verification purposes.

☐

Signature — Parent or Guardian

Date Signed

☐

Name of Director

CRYSTAL WHITE

Address of Lil' Wheels Express

3447 FM 720 STE 14, LITTLE ELM TX 75068

Signature — Parent or Legal Guardian

Date Signed