

T.G.T Inc.
40 Hiley Ave
Ajax, Ontario
L1S 6H5

2020-2021 CHILD INFORMATION REGISTRATION FORM

Child's Last Name: _____ First Name: _____ Gender: **M** or **F**

Date of birth Year _____ Month _____ Day _____ Home Phone number _____

Home address: _____ City: _____ Postal code: _____

Parent/Guardian: _____ Work number: _____

Cell number: _____ Email address: _____

Parent/Guardian: _____ Work number: _____

Cell number: _____ Email address: _____

Emergency Contact Information: – If able please provide someone other than listed above:

Name: _____ **Number:** _____ **Relationship to Child:** _____

Name of person making payments if last name is different than child's _____

Pick up address (if different from home): _____

Drop off address (if different from home): _____

Babysitter/Daycare Name (if applicable): _____ Phone: _____

Name of school child will attend: _____ GRADE: _____

Pick up Required: (Please check one or both) Before School: _____ After School: _____

Which Day is bus service required: (Check required) Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Start date required for bussing: Month _____ Day _____

MEDICAL INFORMATION (IF NECESSARY, ATTACH ADDITIONAL SHEET)

Does the student have any history of allergic reaction? Yes _____ No _____ If Yes, please explain: _____

Will the Student carry an **Epi-Pen** on the bus? Yes _____ No _____ If Yes, where is it located? _____

Does the student have any medical illness or injury or suffer from any of the following?

Diabetes Yes _____ No _____ Asthma Yes _____ No _____ Vision difficulty Yes _____ No _____

Heart disease Yes _____ No _____ Epilepsy / Seizures Yes _____ No _____ Deafness Yes _____ No _____

Language / Communication difficulty Yes _____ No _____ Emotional/Behavioural Difficulty Yes _____ No _____

Other please explain: _____

In case of emergency, permission is hereby given to the T.G.T. Inc to release the above information to a medical practitioner. The student is to be taken to the nearest hospital for examination and if necessary, X-rays where the parent/guardian will be contacted.

Date: _____ Parent/Guardian Signature: _____

Bus: 905-428-9208 Fax: 905-428-3060

www.tgtschoolbus.com

tgtschoolbus@hotmail.com

Twitter: @TGTSchoolBus