

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

**2021-2022 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

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Twitter: @TGTSchoolBus