

Kids Karavan, INC  
(817) 468-8899

P. O. Box 182694  
Arlington, TX 76096

**Family and Emergency Information Form**

Information About Your Child	CHILD'S NAME	Last	First	MI	DATE OF BIRTH
	PREFERRED NAME	SOCIAL SECURITY NUMBER		AGE/GRADE	
	Any Known Allergies or Allergic Reactions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:				
	Please give any information concerning your child which will be helpful to driver (including child's cellular number with area code):				

Information About Your Family	MOTHER/LEGAL GUARDIAN'S FULL NAME			HOME PHONE (including area code)	
	STREET ADDRESS (including box or apt. number)		CITY	STATE	ZIP CODE
	PLACE OF EMPLOYMENT/OCCUPATION		BUSINESS PHONE (including area code and ext.)		
	E-MAIL ADDRESS		CELLULAR NUMBER (including area code)		
	FATHER/LEGAL GUARDIAN'S FULL NAME			HOME PHONE (including area code)	
	STREET ADDRESS (including box or apt. number)		CITY	STATE	ZIP CODE
	PLACE OF EMPLOYMENT/OCCUPATION		BUSINESS PHONE (including area code and ext.)		
	E-MAIL ADDRESS		CELLULAR NUMBER (including area code)		

Responsible Billing Party	FULL NAME OF 1 <sup>ST</sup> PARTY RESPONSIBLE FOR BILLING			HOME PHONE (including area code)	
	STREET ADDRESS (including box number or apt. number)		CITY	STATE	ZIP CODE
	SOCIAL SECURITY NUMBER		TYPE OF BILLING PLAN (check one) <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Periodical		
	FULL NAME OF 2 <sup>ND</sup> PARTY RESPONSIBLE FOR BILLING			HOME PHONE (including area code)	
	STREET ADDRESS (including box number or apt. number)		CITY	STATE	ZIP CODE
	SOCIAL SECURITY NUMBER		TYPE OF BILLING PLAN		

Child's Emergency Care Information

NAME OF HEALTH INSURANCE PROVIDER (if applicable)	POLICY NUMBER
FULL ADDRESS OF PLAN PROVIDER	PHONE NUMBER (including area code)
NAME OF CHILD'S DOCTOR	OFFICE PHONE (including area code)
FULL ADDRESS OF DOCTOR	EMERGENCY PHONE (including area code)
NAME OF CHILD'S DENTIST	EMERGENCY PHONE (including area code)
FULL ADDRESS OF DENTIST	EMERGENCY PHONE (including area code)
1 <sup>st</sup> HOSPITAL PREFERENCE	PHONE NUMBER (including area code)
2 <sup>nd</sup> HOSPITAL PREFERENCE	PHONE NUMBER (including area code)

Emergency Contact Information

FULL NAME	RELATIONSHIP
HOME PHONE (including area code)	OFFICE PHONE (including area code)
FULL NAME	RELATIONSHIP
HOME PHONE	OFFICE PHONE (including area code)
<p>If you are not available to receive your child, please give the names of day care representatives, relatives, friends, etc. who have permission to receive you child and any passwords you may require them to use.</p>	

Child's Medical Report

Is child currently under long-term doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what reason:
Is child on any continuous medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what:
Any previous hospitalizations or operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what reason:

Medical Report Cont.

Any history of significant previous diseases or recurrent illness such as diabetes, convulsions, heart trouble, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what/when:
Does the child have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Any mental disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

\_\_\_\_\_  
Parent or Legal Guardian's Name (please print)

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Kids Karavan Representative

\_\_\_\_\_  
Receipt and Acceptance Date

**KIDS KARAVAN, INC**  
**Customer Profile**

Please give a description of routes you will need driven such as starting points and stop points and areas of pickup and delivery:

**\*Start Date of Service:** \_\_\_\_\_

1. Pickup Address:

Drop-off Address:

Contact Number:

Contact Number:

2. Pickup Address:

Drop-off Address:

Contact Number:

Contact Number:

Which day(s) of the week will your child need to get there? \_\_\_\_\_

At what time(s) would you like your child to arrive at this destination (**Due to the fact that Kids Karavan is a shared ride service, delivery times may vary according to scheduling and driver's taking the most economically feasible route**)? \_\_\_\_\_

At what time(s) would you like your child to be picked up? \_\_\_\_\_

What is your child's grade placement/teacher and / or babysitter's name? \_\_\_\_\_

Do you have any special transportation needs? (For instance, do you use a wheelchair?) \_\_\_\_\_

If your transportation needs change please notify us so that we can possibly adjust our schedule to fit yours. If we don't need to make a trip we normally make, please tell us in advance, so we don't send our driver to your home or pickup point unnecessarily. If you have any additional transportation needs, we'll do our best to meet them!

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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE (Notarization Required)**

In order to meet legal requirements, I hereby authorize the Driver, or any staff member [representative(s)] of Kids Karavan, INC, to give consent for any and all necessary emergency medical care for my child (ren)

while said child (ren) is (are) in said individuals' custody. I will be responsible for all emergency care fees. All bills are to be sent directly to parent or guardian at the address stated below.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County, Texas

My commission expires \_\_\_\_\_.

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**KIDS KARAVAN, INC**

P.O. Box 182694  
Arlington, TX 76096

Phone: (817) 468-8899  
E-mail: [info@kidskaravan.com](mailto:info@kidskaravan.com)

**SERVICE FEES**

<b>Type of Service</b>	<b>Service Fee 1 Rider</b>	<b>Additional Riders</b>
<b>Round Trip</b>	\$17.00 (0-5 miles)	\$13.00
	\$19.00 (5.1-10 miles)	\$16.00
<b>One-Way</b>	\$12.00 (0-5 miles)	\$9.00
	\$14.00 (5.1-10 miles)	\$12.00
<b>Periodical Service</b>	Add \$2.00 to regular cost of service	Add \$3.00 to regular cost of service

Call office for fees to more than one destination. Round Trip service provides for service to and from any agreed upon destination within the same day. One-Way Service provides for service to or from any agreed upon destination within the same day. Limit 6 riders per destination.

Kids Karavan, INC charges an annual registration and processing fee of \$60.00 for one child and \$80.00 for two or more due August 1<sup>st</sup> of each year or upon registration and then every August 1<sup>st</sup> thereafter. If using the service on a regular basis, service fees are due Monday by 5:00 p.m. If using service on a periodic basis, service fees are due upon arrival at pickup or delivery destination. If under monthly billing plan, fees must be received by the 2<sup>nd</sup> of the month in which service is requested. A late fee of \$10 is charged for all payments not received by the due date.

Kids Karavan, INC accepts cash or money orders as payment for fees. Money orders should be made payable to: Kids Karavan. If paying in cash, please insure that exact change is provided due to the fact that drivers are not allowed to carry change.

Fees current as of 7/08.

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