

GREATER LOVE TRANSPORTATION

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greaterlovetransportation@gmail.com

2023-2024

Date of Enrollment:

DOOR- TO- DOOR TRANSPORTATION ENROLLMENT

One Way

Roundtrip

Student Information:

Date of Birth:

Sex:

Full Name:

First

Last

Middle Initial

Nickname

Address:

Name of School Child Attends:

Primary Hours of Care:

From:

To:

Days of the Week in Care:

M T W TH F

Allergies:

Family Information:

Parent/Guardian Name:

Relationship:

Email Address:

Daytime Phone:

Parent/Guardian Name:

Relationship:

Email Address:

Daytime Phone:

Who would be the best person to contact during the day?

What would be the best method of contact for this person? (work phone, cell, email, etc.)

In case of emergency:

Phone:

Relationship:

In case of emergency:

Phone:

Relationship:

During the year, reminders will be sent out in reference to upcoming events and other school related affairs. How do you prefer to be contacted.? Please Check all that apply.

Email:

Phone:

Text Message:

Are there any older or younger siblings on this campus?

Morning Pick Up

Afternoon Pick Up

Pick Up:

Pick Up:

Drop Off:

Drop Off:

FOR OFFICE USE ONLY:

Date:

Registration Fee Paid:

Weekly Rate:

NOTES: