

## Individual Transportation Contract

Childs' Name	D.O.B	Telephone
Address	City	Zip

This Contract is for:

Single Rides - (Two rides or less per week)

Single Ride       One Way

Weekly Rate - one way transportation

Round Trip       Weekly \_\_\_\_\_

Monthly Rate - one way transportation

Monthly \_\_\_\_\_       Other

Monthly Round trip

To or From \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or From \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Parent or Guardian Name: ( Please Print)		
Address		
Phone	Work	Mobile
Email:		

Official Use	
CC#	_____
EXP:	_____
CWV:	_____
MILEAGE	_____
RATE:	_____

### Schedule of Fees

**Enrollment Fee - \$25.00 PER CHILD**

**Single Rides** - First payment due upon signed contract. (Payments are due two days before ride)

**Weekly Fee** - First payment due upon signed contract. (Payments are due the Monday of the week of service)

**Monthly Fee** - First payment due upon signed service contract. (Payments are due the first of each month)

**Late Fees \$25.00 Cancellation Charges - A\$15.00** fee will be charged (for late payments, location change, no show or no call) (\_\_\_\_\_) initial

Service Date \_\_\_\_\_ Payment type:  Cash       Check       Credit

Enrollment Fee: \_\_\_\_\_

Agreement between parent (parent name) \_\_\_\_\_ and Kiddie KABZ LLC on \_\_\_\_\_

The parties agree to the above schedule of fees and safety policy.

I attest that the above information is true and correct.

Parent Name (Print)	Parent Name (Signature)	Date
Emergency Contact	Address	Phone
Emergency Contact	Address	Phone