

Parent / Legal Guardian Information

Name _____

Address	City	State	Zip
Phone	Mobile	Email	

Name _____

Address	City	State	Zip
Phone	Mobile	Email	

Child(ren) Information

First Name	Last Name	Birthdate	Age	Mobile

Are there any medical conditions that may affect your child as a rydes4KIDS passenger? If yes, please provide a brief description.	Yes	No
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School Information

School		Phone	
Address	City	State	Zip
School		Phone	
Address	City	State	Zip

Emergency Contact Information

Name	Relationship	Mobile
Name	Relationship	Mobile
Name	Relationship	Mobile

We Give Back

We live here too and strongly believe in giving back to our community. rydes4KIDS will conduct a quarterly service project and would love to have your children participate! Please provide a favorite local charity.

Favorite local charity

Parent / Legal Guardian Signature Disclaimer

I hereby confirm

- I am the parent and/or legal guardian of the child(ren) listed above
- All information provided above is correct
- I authorize my child(ren) listed above to travel with rydes4KIDS transportation

Parent / Legal Guardian Name (please print)	Date
Parent / Legal Guardian Signature	

Please email completed form to info@rydes4KIDS.com
Questions? Contact us at 202.424.9646