

# Lisa's Shuttle, LLC

## Enrollment Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

\*Parent Name \_\_\_\_\_ Contact # \_\_\_\_\_

\*Parent Name \_\_\_\_\_ Contact # \_\_\_\_\_

\*Email Address \_\_\_\_\_

### **Morning transportation needed:**

Pick-Up (Address) \_\_\_\_\_

Drop-Off (School Name) \_\_\_\_\_

### **Afternoon transportation needed:**

Pick-Up (School Name) \_\_\_\_\_

Drop-Off (Address) \_\_\_\_\_

#### *Insurance and medical release:*

Lisa's Shuttle, LLC is commercially insured. The PIP will cover up to \$2500.00 per child in the event of any accident or injury. I, parent/legal guardian, will not hold Lisa's Shuttle, LLC responsible for any amount that exceeds the said PIP coverage in the event of an accident or injury to my child listed above.

I authorize Lisa's Shuttle, LLC to obtain any medical attention my child may need in my absence.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_