

Precious Cargo of Trumbull

(203) 268-2805

Application Form

Please complete and fax to (203) 268-2805 or mail to Precious Cargo of Trumbull, P.O. Box 262, Trumbull, CT 06611

Parent/Guardian Information

Last Name: _____ Father & Mother Name _____

Home Address _____ City _____

State _____ Zip _____ Home Phone # _____ Work Phone _____

Mobile Phone _____ Fax # _____ e-mail _____

Emergency Information

(only used if Parent/Guardian cannot be reached)

Emergency Contact (Neighbor/Friend) _____

Address, City, State, Zip _____

Phone number _____

Insurance Carrier Name (Please attach copy of card)

Policy/Group # _____ Cardholder's Name _____

Cardholder's SSN _____ Company Name _____

Child #1

Last/ First Name _____ DOB _____ Age _____ Sex M F

School Attending: _____ Homeroom Teacher _____

Important information we should know about your child? _____

Child #2

Last/ First Name _____ DOB _____ Age ___ Sex M F

School Attending: _____ Homeroom Teacher _____

Important information we should know about your child? _____

Child #3

Last/ First Name _____ DOB _____ Age ___ Sex M F

School Attending: _____ Homeroom Teacher _____

Important information we should know about your child? _____

How did you hear of Precious Cargo? _____

Whom may we thank for referring you? _____

Release Information/Consent

I _____ have read and understand the policies of Precious Cargo of Trumbull. I give Precious Cargo of Trumbull permission to transport my child/children to a pre-arranged drop off and pick up areas. Precious Cargo of Trumbull has my permission to take my child/children to the nearest hospital in case of an Emergency. I release them of any responsibly of my child/children after drop off.

Parent/Guardian Date

Precious Cargo of Trumbull Date
Benita Flores-Hernandez