



Moms Helping Moms Shuttle Service® Inc.

Registration Form

Please fill out this form completely by entering required information in the spaces provided

Child #1

Name:		Gender:	
Age:		Date of Birth:	
School:		Teacher:	Grade:
Pickup Address:		Drop off Address:	
Mobile Phone:			
Booster seat? Yes ___ No ___		Can buckle seat belt? Yes ___ No ___	
Front Passenger seat? Yes ___ No ___			
Allergies:			
Medical Conditions (i.e. Asthma, ADHD, Diabetes, etc.)			

Child #2

Name:		Gender:	
Age:		Date of Birth:	
School:		Teacher:	Grade:
Pickup Address:		Drop off Address:	
Mobile Phone:			
Booster seat? Yes ___ No ___		Can buckle seat belt? Yes ___ No ___	
Front Passenger seat? Yes ___ No ___			
Allergies:			
Medical Conditions (i.e. Asthma, ADHD, Diabetes, etc.)			

Parent/Guardian

Name:			
Address:			
Community Name:		Gate Code:	
Phone:	Work Phone:	Email:	

Parent/Guardian

Name:			
Address:			
Community Name:		Gate Code:	
Phone:	Work Phone:	Email:	

Emergency Contact

Name:	
Relationship:	Phone:

Services Requested

Morning Service ONLY AM _____	Afternoon Service ONLY PM _____	Roundtrip Service AM and PM _____			
Days of the Week:	Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
Door to Door: _____	Shuttle Stop: _____				

Recurring Credit Card Authorization Form

I, _____ hereby authorize Linksus Corporation (DBA Moms Helping Moms Shuttle Service) to make recurring charges for registration fees, transportation fare, Zpass Comfort in Knowing, or any other fees or purchases I authorize to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

I understand that if my credit card is declined, expired or unable to be used for any reason, every effort will be made to contact me at the phone numbers I have supplied MHM Shuttles with. If the payments cannot be processed, a \$35.00 late payment fee will apply to outstanding fees. If the credit card is not able to be processed on the date due more than one time, the option to use recurring service will be forfeited and I will make other arrangements for payment.

If I choose to discontinue payment by credit card, I will notify MHM Shuttles in writing at least 7 days prior to the date the charge would be due. This authority will remain in effect until Linksus Corporation (DBA Moms Helping Moms Shuttle Service) has collected all fees and charges due for services rendered.

CARDHOLDER INFORMATION

Name:		
Billing Address:		
City:	State:	Zip:
Mobile Phone:	Work Phone:	
Email Address:		
Name of Child(ren):		

PAYMENT SCHEDULE

Transactions will occur on the 1st day of the month prior to service. A 3% Service Fee will apply to all card payments.
Registration Fee:
Monthly Transportation Fee:
Monthly ZPass Monitoring Fee: \$10.00 per family

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Card Number:
Expiration Date:
Security Code:

SIGNATURE _____ DATE _____