

### CHILD'S INFORMATION (ONE FORM PER CHILD)

Child's Name		Date of Birth		
Primary Address		Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Secondary Address				
Instructions for Safe Transport		Rider Phone #		
Daycare Name & Address		Phone		
School Name		Grade		
Teacher Name				

### TRIP REQUEST

What days of the week are trips needed? (mark all that apply)	<b>Mon</b> <input type="checkbox"/>	<b>Tues</b> <input type="checkbox"/>	<b>Wed</b> <input type="checkbox"/>	<b>Thurs</b> <input type="checkbox"/>	<b>Fri</b> <input type="checkbox"/>	<b>As Needed</b> <input type="checkbox"/>	<b>Ongoing</b> <input type="checkbox"/>
Will this trip be one-way or round trip?	One Way <input type="checkbox"/>	Round Trip <input type="checkbox"/>		If round trip, complete second trip information			
First pickup of the day: If same as above info, please write Daycare, Home, School				Start Date			
Where is the drop-off? (School, Home, Daycare, other details)				What time does your child need dropped off?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Second Pickup Trip Location (School, Home, Daycare)				What time will your child be ready to return?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Drop-off Location (Home, Daycare, Other – Provide Details)							

### PARENT or GUARDIAN

Mother's Name		Mother's Cell	
Father's Name		Father's Cell	
Email			

I agree to allow Community Transit of Watertown/Sisseton, Inc. to provide transportation for my child. I will notify CTWSI as soon as possible of any scheduling changes or cancellations. A \$3.00 fee will be charged to parent/guardian if cancellation notice is not given within a half hour of pickup.

<b>SIGNED BY PARENT OR GUARDIAN</b>		DATE	
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### EMERGENCY CONTACT if parent or guardian cannot be reached (local contact)

Name		Relationship	
Home Phone		Cell Phone	