



**Less Fare,  
MORE SUMMER**

2015 Tumble Weed Trail \* Spearfish, SD 57783

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[www.prairiehillstransit.com](http://www.prairiehillstransit.com)

Summer Rec

Summer School

Other - Name Activity:

# 2024 Summer Youth Transportation

## Child's Information (one per child)

Name \_\_\_\_\_

Male

Female

Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Physical Address \_\_\_\_\_

List any special \_\_\_\_\_

City \_\_\_\_\_

needs for safe

transport \_\_\_\_\_

Home Phone \_\_\_\_\_

## Parent and/or Guardian Information

1. \_\_\_\_\_

2. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Work Location \_\_\_\_\_

Work Location \_\_\_\_\_

## Phone Numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Contact if parent or guardian cannot be reached (local contact)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## Phone Numbers

City: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## DayCare Information (if applicable)

Name: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE COMPLETE YOUR CHILD'S SCHEDULE ON THE BACK PAGE. DISPATCH WILL CONTACT YOU WITH THE PICKUP TIME.**

I agree to allow Prairie Hills Transit to provide transportation for my child. I will notify Prairie Hills Transit as soon as possible of any scheduling changes or cancellations.

If adequate verbal or electronic cancellation notice of one hour is not given message left on voicemail, e-mail, you will be charged a \$2.50 fee.

Signed By Parent or Guardian

Date

