



2025 Summer Youth Transportation

Child's Information (one per child)

Name _____ ☐ Male ☐ Female Date of Birth ____ / ____ / ____

Physical Address _____ List any special _____

City _____ needs for safe _____

Home Phone _____ transport _____

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.

Check one:

___ \$75 Unlimited Pass or ___ One way \$2 per trip per day

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 via message left on voicemail, e-mail, you will be charged a \$2.50 fee.

Signed By Parent or Guardian

Date

FORM CHILD'S NAME: _____

EXAMPLE OF SINGLE TRIP IN ONE DAY:

Start Date: 6/1/25 End Date: 8/20/25

Pick-up Location/Address	Activity Location/Address	Activity Start Time	Return Trip (Y/N)	Activity End Time	After activity, drop-off Location/Address:	Day(s) Of Week
Home/123 Main St	Rec Center 122 Recreation Lane	11:00	N	1:00	Home/123 Main St	M,W,F

EXAMPLE OF MULTIPLE TRIPS IN ONE DAY:

Start Date: 6/1/25 End Date: 7/28/25

Pick-up Location/Address	Activity Location/Address	Activity Start Time	Return Trip (Y/N)	Activity End Time	After activity, drop-off Location/Address:	Day(s) Of Week
Home/123 Main St	Rec Center 122 Recreation Lane	11:00	Y	1:00	Gymnastics 606 29 th St	T, Th
Gymnastics	606 29 th St	1:30		3:30	Home	T, Th

Start Date: _____ End Date: _____

Pick-up Location/Address	Activity Location/Address	Activity Start Time	Return Trip (Y/N)	Activity End Time	After activity, drop- off Location/Address:	Day(s) Of Week

Start Date: _____ End Date: _____

[illegible]