

Unaccompanied Youth Rider Registration

(Clinton Transit is an Open Door Service, not exclusive school transportation)

Rider's Name: (First) _____ (Last) _____

Nickname _____

Birth date: ____/____/____ Gender: Male Female Prefer not to answer

Home Address: _____ Apt/Lot# _____

City: _____ Zip: _____

Additional Accommodations Needed (Ex. Use of lift, wheelchair securement, visual assistance): _____

Custodial Adult(s) Name(s): _____

Preferred Contact Name: _____ Home/Cell: (____) _____

Alternative Contact Name: _____ Home/Cell: (____) _____

Secured Pin Number (REQUIRED)

(Pin numbers must be no more than 4 characters long and may contain numbers, letters, or a combination of both numbers and letters)

Emergency Contact Information:

Name: _____ Relationship _____

Home/Cell: (____) _____ Work: (____) _____

Daycare Providers Name: (First) _____ (Last) _____

Daycare Providers Address: _____

City: _____ Zip: _____

Daycare Providers Phone Numbers: Business Phone: (____) _____ Cell: (____) _____

THERE MUST BE SOMEONE PRESENT WITH THE CHILD AT THE TIME OF PICK-UP AND TO RECEIVE THEM AT DROP-OFF.

Please initial here _____ if the minor can be dropped off without an adult present.
Operator will wait until the minor enters the house or business.

RIDE INFORMATION

Service may not begin until two (2) weeks **after** the completed registration form is received by Clinton Transit, unless approved by Clinton Transit staff. It is the **responsibility** of the Parent / Guardian to confirm availability of transportation services and pick-up times for each minor child.

Will these rides be recurring / subscription rides? (Same day, time, place every week) Yes No

What day(s) are rides needed? Check all that apply: Mon Tues Wed Thurs Fri Sat

What date do the rides need to begin? _____

Pick-up Location: _____ **Time:** _____

Address: _____ City: _____

Drop-off Location: _____ **Time:** _____

Address: _____ City: _____

Is a return ride needed? Yes No Will this be a recurring / subscription ride? Yes No

Time rider needs to be picked-up: _____

Pick-up Location: _____ Address: _____

Drop-off Location: _____ Address: _____

Appointment time for Drop-Off location (if needed): _____

CANCELLATION AND NOTIFICATION POLICY: Scheduled rides must be cancelled one (1) hour prior to the scheduled pick-up window. This includes, but is not limited to, school calendar, school cancellations, etc. *If there is a change in the school end-of-day schedule (ie. half days, early releases), we must be notified by a parent or guardian 48 hours ahead and notified of any drop-off changes. A Late Cancellation / No Show fee will be charged and due by the next ride for all trips not cancelled 1 hour before the scheduled pick-up window or if the ride is a no show. See the No Show policy for more information.*

Exception to this policy will be an automatic cancellation of rides for the week between the Christmas and New Year's Day holidays. Clinton Transit is a public transportation service provider, not exclusive to school transportation. Clinton Transit is not affiliated with any school district for direct transportation services.

Acknowledge and understand the above policies: _____

Signature of Custodial Adult

OFFICE USE ONLY

Clinton Transit Employee accepting this form: _____

Information entered into Ecolane by: _____ Date Rides Generated: _____