

Clinton Area Transit
215 N Scott Road
St. Johns, MI 48879

PHONE: 989/224-8127
FAX: 989/224-7034
Email: dispatch@clintontransit.com

Youth Rider Registration

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

Rider's Name: (first) _____ (last) _____

Nickname _____

Birth date: ____ / ____ / ____ Circle: Male Female

Rider's Home Address: _____

City: _____ Zip: _____ Twp: _____

Custodial Adult(s) Name(s): _____

Preferred Contact Number: Home/Cell: (____) ____ - ____

Alternative Contact Number: 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)

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

Emergency Contact Information:

#1 Name: _____ Relationship _____

Work Phone: (____) ____ - ____ Cell: (____) ____ - ____

#2 Name: _____ Relationship _____

Work Phone: (____) ____ - ____ Cell: (____) ____ - ____

#3 Name: _____ Relationship _____

Work Phone: (____) ____ - ____ Cell: (____) ____ - ____

Sitter's Name: (first) _____ (last) _____

Sitter's Address: _____

City: _____ Zip: _____ Twp: _____

Sitter's Phone Numbers: Home Phone: (____) ____ - ____ Cell: (____) ____ - ____

Classroom Teacher _____ Phone (____) ____ - ____

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

RIDE INFORMATION

What date does the rider need to start riding the Blue Bus? _____

What day(s) are rides needed? Circle: Mon Tues Wed Thurs Fri

Will these rides be **reoccurring** (same day, same time, each week)? _____

Pick-up Location: _____ Address: _____

City: _____

Drop-off Location: _____ Address: _____

City: _____

Time (estimated) rider is available at Pick-Up location: _____ Circle: AM PM

*Note Pick up time may differ than requested time above to allow for multiple children (families) who are going to the same drop off location (school)

Rider appointment time at the Drop-Off location: _____ Circle: AM PM

Does the rider need a return ride? Circle: Yes No

IF YES –

Time rider needs to be picked-up: _____ Circle: AM PM

Pick-up Location: _____ Address: _____

Drop-off Location: _____ Address: _____

Person providing rider information: _____

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

Schedules need to be emailed one (1) week before rides or cancellations are needed to: dispatch@clintontransit.com.

CANCELLATION AND NOTIFICATION POLICY: Scheduled rides must be cancelled 2 hours prior to scheduled pick-up time. This includes, but not limited to, school calendar, school cancellations, etc. *If there is a change in school end-of-day schedule, we must be notified by a parent or guardian and notified of any drop-off changes.* A no-show fee will be charged if ride is not cancelled. **No show fee is DOUBLED ride fare due by next ride. Exception to this policy will be an automatic cancellation for:** the week between Christmas and New Years, spring break (if the time off is county-wide) and end-of-school year date. We do not guarantee drop-off time. Clinton Transit is an Open Door Service, not exclusive school transportation.

OFFICE USE ONLY

X _____

Clinton Transit employee accepting this form _____

Custodial Adult acknowledges and understands above policies? Yes No