



**Piatt County Public Transportation
Rider Intake Form
Child - Allerton Day Camp**

Updated: 01/20/2022

Rider Information

First Name:		Middle Initial:	Last Name:	
Phone:	Second Phone:		Email	
Home Address, City, State, Zip:			County:	Date of Birth:

Demographic Information

Please check ALL that apply:

<input type="checkbox"/> Race:	<input type="checkbox"/> Native Alaskan	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F
<input type="checkbox"/> White Hispanic	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Asian	Language	
<input type="checkbox"/> American Indian	<input type="checkbox"/> English	
<input type="checkbox"/> Other or Two races	<input type="checkbox"/> Spanish	

Special Assistance Needed

Please check ALL that apply:

<input type="checkbox"/> Blind	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Wheelchair - Jazzy
<input type="checkbox"/> Cognitive Behavior	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Wheelchair - Large
<input type="checkbox"/> Deaf	<input type="checkbox"/> Speech Impairment	
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Under Eight	
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Mobility Device	<input type="checkbox"/> Walker	
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Wheelchair	
	<input type="checkbox"/> Wheelchair - Electric	

Please Note any Health Issues or Allergies:

Parental Contact Information (Required if Under 18)

Full Name: _____	Relationship: _____
Cell Phone: _____ Home Phone: _____	Work Phone: _____
Address, City, State, Zip: _____	

Full Name: _____	Relationship: _____
Cell Phone: _____ Home Phone: _____	Work Phone: _____
Address, City, State, Zip: _____	

Signature of Parent

Signature of Legal Guardian: _____ Date: _____

Printed Name: _____

For Internal Piattran Use Only
REOCCURRING SCHEDULE

Rider Master Entry

Subscription Entered

Scanned

Finance Manager