



**Pre-School Express Bus Services**  
**2014-2015**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone(s) \_\_\_\_\_

Alt Phone Number \_\_\_\_\_



Daycare Provider	_____
Daycare Address	_____
Daycare Phone	_____

**For additional information  
please contact the Transit  
Office at (507) 934-0668**

**Time:**  
From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the week (Circle)    M    T    W    TH    F

**Time:**  
From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the week (Circle)    M    T    W    TH    F