



## Summer Recreation Information Form

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

Program/Class Attending: \_\_\_\_\_

Program/Class Times (include start and end time): \_\_\_\_\_

### Home Address

\_\_\_\_\_

City \_\_\_\_\_

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

Parent's Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

### Daycare Address (if applicable)

\_\_\_\_\_

City \_\_\_\_\_

Provider's Name \_\_\_\_\_

Phone \_\_\_\_\_

### Primary Pick-up Address:

\_\_\_\_\_

\_\_\_\_\_

### Primary Drop-off Address:

\_\_\_\_\_

\_\_\_\_\_

### 2011 Calendar Circle dates rides are needed

June				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

July				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

August				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

### Contact us at:

Hiawathaland Transit

Toll Free: 1-866-623-7505 Fax: 507-534-9275

55049 241<sup>st</sup> Ave

Email: [transit.dispatchers@threeriverscap.org](mailto:transit.dispatchers@threeriverscap.org) Website: [www.threeriverscap.org/programs\\_transp.html](http://www.threeriverscap.org/programs_transp.html)

Plainview, MN 55964



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