

City of Mitchell | Palace Transit  
300 W 1st Ave | Mitchell, SD 57301  
Phone: 605-995-8440 | Fax: 605-995-8439

**CityOfMitchell.org**



**Student Profile**

Date Signed up: \_\_\_\_\_

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

Child's Birthday: \_\_\_\_\_

Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

**Parent Information**

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Primary Sitter Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Can child go in without an adult being present?  Yes  No (additional sheet must be signed if yes is checked)

Date entered in software: \_\_\_\_\_ Date rolodex card done: \_\_\_\_\_

---

*Outside expectations*

