



United Way of Mower County and AMCAT (Austin Mower County Area Transit) are pleased to offer transportation to and from local preschools for 3 & 4 year olds in Austin.

An aide will be present on the bus at all times to help children on and off the bus from their home/daycare to their preschool program.

Named the “Rainbow Route” the bus route is designed around the pick-up and drop-off locations of children who sign up.

The cost per ride is \$1 or \$2 roundtrip. The bus will run Monday through Friday and will transport children to and from preschool. All forms are due to United Way July 1, 2010. Parents will be notified as to if their child has a seat on the bus no later than Aug. 10th, 2010. There will be a meeting Aug. 17th from 5:30-6:30 at AMCAT to go over details, meet bus drivers and aides and purchase bus passes.

The form below should be completed by parents who would like to use the Rainbow Route to transport their child and/or children to and from preschool. Please complete the form below and return to the United Way of Mower County (301 N Main Street – US Bank building). Forms can be emailed to unitedml@smig.net or faxed to 437-7392.

 Yes, I want to use the AMCAT bus to transport my child.

Parent Name

Primary Phone #

Child’s Name

Child’s Age (when entering preschool)

Home Address

Address where child will be picked up and dropped off (if not the same as the home address)

I speak English

My child speaks English

Please list any allergies, special needs or medications that your child carries with them

Please circle the pre-school your child is enrolled at for the 2010-2011 school year

Apple Lane Congregational ECFE Holy Cross Little Shamrocks Wee Learning YMCA

Please circle the days your child will be riding the bus:

Monday Tuesday Wednesday Thursday Friday

Please circle the preschool session your child is enrolled in:

8:15 am – 11am 8:30 am – 11 am 9 am – 11 am 9 am – 11:15 am 9 am – 11:30 am 9:15 am – 11:30 am
11:45 am – 2:30 pm 12 pm – 2:30 pm 12:15 pm – 2:15 pm 12:15 pm – 2:30 pm 12:30 pm – 3 pm

Please list all individuals who can accept this child & their contact information (Please list at least two contacts)

Name _____ Relationship _____
Address _____ Phone/Cell _____

Name _____ Relationship _____
Address _____ Phone/Cell _____

Name _____ Relationship _____
Address _____ Phone/Cell _____

Emergency Contact (please list an individual, other than yourself, to be contacted in case of emergency)

Name _____ Relationship _____
Address _____ Phone _____
Cell Phone _____

By signing this form you signify your commitment to using busing services.

Parent Signature: _____ Date _____