



Kendall Area Transit Registration Form
Rider Intake Form
Child(ren)



Phone: (877)446-4528 Fax: (815) 981-4187

Updated: 6/1/23

Please fill out both sides of this form.

Rider Information

| | | | | |
|---|---------------|--|------------|----------------|
| First Name: | | Middle Initial: | Last Name: | |
| Phone (for reminder calls): | Second Phone: | | Email: | |
| Home Address, City, State, Zip: | | | County: | Date of Birth: |
| Would you like a reminder phone call the evening before your trip? Yes No | | In the event of a closing, how would you like to be contacted? | | |
| Would you like to receive an "On Our Way" phone call? Yes No | | Text Voice Recording No Thanks | | |

Demographic Information

Please check ALL that apply:

| | | |
|---|---|--|
| Race: <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other | Ethnic Origin: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino | Gender: M / F Primary Language: _____ |
| Limited English Speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Special Assistance Needed

Please check ALL that apply:

| | | |
|---|--|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Wheelchair -Oversized |
| <input type="checkbox"/> Cognitive Behavior | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Powerchair |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Speech Impairment | Please Note any Health Issues or Allergies: _____ _____ _____ _____ |
| <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/Scooter | |

Parental Contact Information (Required if Under 18)

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

Emergency Contact Information

| | |
|----------------------------------|---------------------|
| 1. Emergency Contact Name: _____ | Relationship: _____ |
| Phone: _____ | Second Phone: _____ |
| 2. Emergency Contact Name: _____ | Relationship: _____ |
| Phone: _____ | Second Phone: _____ |

For Rider's Under 18 - Please indicate a Safety Word that will be required of ANY contact attempting to make a schedule change:

Reoccurring Travel Locations (i.e. Medical, School, Work, Other)

Site 1 Name: _____ Contact Onsite Full Name: _____

Address, City, State, Zip: _____ Reason for Travel: _____

Special Directions for finding the location: _____

Site 2 Name: _____ Contact Onsite Full Name: _____

Address, City, State, Zip: _____ Reason for Travel: _____

Special Directions for finding the location: _____

Site 3 Name: _____ Contact Onsite Full Name: _____

Address, City, State, Zip: _____ Reason for Travel: _____

Special Directions for finding the location: _____

Summarize Travel Needs & Schedule (please include times for pick-up/drop-off, days of the week, length of need)

How did you find out about KAT?

Signature of Rider / Legal Guardian: _____ Date: _____

Printed Name: _____

For Internal KAT Use Only

REOCCURRING SCHEDULE

Pickup _____ Time _____ Start Date _____

Destination _____ Time _____

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Weekly In Service Area In County

Bi-Weekly Out of Service Area Rural Out of County

Rider Master Entry

Subscription Entered

Scanned

Filed