Emergency Closure

In the event of an Emergency Closure, we may not be able to contact you.

Therefore, it is imperative that you make a plan with your child in case they are sent home at an unexpected time of day. The plan below will help direct our staff on behalf of your child. Please complete this plan and return it to your child's teacher. Remember it is very important to be specific with directions for your child's emergency plan. It is the parent/guardian's responsibility to update this information as needed.

Please pick only one option of the following plans for your family. If school closed because of an emergency, our family plan is to: (choose one)			
Opt#2	Be picked up at sch	ool by parent/gua	ardian or by (list two contacts):
Name (print first and last name)		Relationship	Daytime Phone #
Name (print	first and last name)	Relationship	Daytime Phone #
Parent/Gua	rdian Contact Inform	ation:	
Name (print first and last name)		Best Daytime Contact Phone #	
Name (print first and last name)		Best Daytime Contact Phone #	