



Contingency Pick Up Plan

The following people should be contacted and have my permission for my child to be transported by, in the event, that neither I nor my spouse/significant other (where applicable) can be reached 30 minutes after CCNS has ended in the event of emergency or late pick up.**

Name: _____

Address: _____

Home phone: _____

Cell Phone: _____

Work place and address: _____

Work Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Home phone: _____

Cell Phone: _____

Work place and address: _____

Work Phone: _____

Relationship to child: _____

** I have read the above and understand the CCNS policy and procedure concerning emergency/late pick-ups.

Parent / Guardian's Signature: _____

Date: _____

Where Children Learn Through Play