



## 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 (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: \_\_\_\_\_

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### Where Children Learn Through Play