

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

## EARLY DISMISSAL PLAN

Child's Name: \_\_\_\_\_

Parents / Guardian Name \_\_\_\_\_

Parents / Guardian Phone \_\_\_\_\_

Parents / Guardian Cell \_\_\_\_\_

Parents / Guardian Email \_\_\_\_\_

### In the event that a parent cannot be reached:

Name / Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name / Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that if the BAS program is closed early due to an emergency (AM or PM), there will be no bus transportation and that I am responsible for identifying an emergency dismissal plan for my child to follow which is:

(Please be as specific as possible and include names, addresses and telephone/cell numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please make certain your child and any other persons identified above are familiar with the plan. It is the sole responsibility of a parent to notify the staff when this information changes.