

Temporary Child Care Arrangements

(To be used when parents are out of town during the school week)

Please complete and return to the school office before you leave.

Child's Name	Room Number

Parents will be away from home from: _____

to: _____

Person(s) primarily responsible:

Name	Daytime Phone	Evening Phone

Daily pick-up during this period:

Name	Date(s)

Phone number for parents while out of town:

Phone Number	Date

Parent Signature: _____ Date: _____