

ST. EPHREM C.A.R.E.S. PROGRAM 2016-2017

ON "EMERGENCY" SCHOOL CLOSINGS, EXCEPT IF THE ENTIRE SCHOOL IS EVACUATED, MY CHILD/CHILDREN:

\_\_\_\_\_ ARE TO DO THE FOLLOWING:  
| CHILD/CHILDREN'S NAMES

**Please fill in 1 option ONLY:**

He/She is to go home on Bus #\_\_\_\_\_.

or

Will be a "car rider" \_\_\_\_\_

or

Should stay at C.A.R.E.S. and will be picked up by: \_\_\_\_\_  
(Name, if other than parent)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

