

# Benson Childcare Registration for Emergency Closure

Please complete this form. This form must be completed by someone who has parental responsibility. Daycare will be provided from 7:30 a.m to 3:15 p.m. during the school week to parents who work in the **medical field, law enforcement, or are educators**. (This will be Tuesday, November 17th-Friday, December 4th)

We will have a staff member present at 7:30 by the southwest entrance of the building to bring students in. Students will all have their temperature taken before being allowed into the classroom. Students with a fever will be asked to go back home.

We will ask that parents or caretakers buzz in before picking up their students. They will be allowed to go to the classroom(s) to pick up their child. We may ask for identification before releasing the child(ren). Only parents, or those listed, will be allowed to pick up the child(ren)

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

If you are a medical worker or law enforcement worker please list the following

Business Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Emergency Contact(s) Must list two

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Any medical concerns we should be made aware of?

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Allergies?: \_\_\_\_\_

Who can pick up your child(ren)? Must be over the age of 16 and produce identification, if needed.

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Days you will need daycare due to having to work in a medical business or law enforcement agency? From March 18th - March 27th?

November 17	
November 18	
November 19	
November 20	
November 23	
November 24	
November 30	
December 1	
December 2	
December 3	
December 4	