

Name:

Date:

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# NEW PLACEMENT WORKBOOK

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For every new foster, kinship or adoptive placement there are several factors to consider. The following guide gives some tips on what you can do in preparation to help ease the transition for a child into your home.

These are helpful tips so you and the child can begin working towards positive attachment and connections.

Please complete the worksheets that are in the workbook. These worksheets will help your family make an informed decision about placements.

Remember: One of the key components to every placement is learning how to “live in the moment” but yet plan for a POTENTIAL future!



Name:

Date:

## **Things to consider about a placement**

### ❖ **Day Care:**

If you are single, or if you both work, who will provide after school and summer day care? It is important to identify the day care provider in advance. Their ability to immediately accommodate your need and their behavior tolerances may influence the types of child your home can accept. Keep in mind if using a regular babysitter, nanny, family, or friend this person must be at least 18 years of age, be capable of handling emergency situations, and be willing to provide up to date clearances. REMEMBER: taking time off and using FMLA should not be your family's entire plan – these options quickly run out.

### ❖ **How much information do you need about a child's personal and family history?**

At the time of placement request, the agency will provide you with information about the child including any social history that might be available. There are many times, however, when there is very little or no history on the child and their family. Each resource family should evaluate whether or not personal / family history is important in the decision to accept a placement.

### ❖ **Who will decide?**

When the referral call comes, who can make the decision to accept the placement? One parent, both parents, whole family? It is important to discuss this in advance. The agency will assume your family has discussed these needs prior to a placement call. If one parent accepts a placement, the agency staff will most likely NOT contact the other parent for approval.

### ❖ **How flexible will your family be?**

Work through the placement worksheet in this guide. Discuss limits and make notations so the person taking the placement call knows how to make a sound decision for the family.

When a child referred to the agency “matches” with your family's placement profile,



Name:

Date:

they will call to discuss the placement possibility with you. You will need to assess and decide if your family is indeed a good match. While talking to the staff member, make sure you write down all pertinent information.

❖ **School considerations**

Think about your school or daycare situation for the child. Children may become ill or might get in trouble while at school. If a child in your care needs to leave school due to illness, receives detention or gets suspended, it is the resource family's responsibility to provide any necessary transportation and/or supervision. Some agencies will not provide transportation OR supervision for children who are not able to go to school! **Make sure you ALWAYS have at least one person who you know would help you out if a child could not go to school FOR ANY REASON!**

❖ **Medical Considerations**

Depending on your location, a child may come to you with a pre-assigned physician or you may be asked to locate one. If you need to locate a physician, a discussion with your agency about types of insurance and potential physicians should take place.

**Tips for good placement decisions**

- ❖ Decide ahead of time what information is essential to your decision.
- ❖ **Don't hesitate to ask questions!** Get the information **YOU NEED** to make a good decision.
- ❖ Decide in advance what you will do if the agency staff member says he/she does not have the information you desire.
  - You can tell him/her that you will consider the placement once the information is received
  - You can take a risk and accept the placement anyway
  - Depending on the placing agency or situation, you may be able to tell the worker you are willing to take the child for a SPECIFIC, limited time and make a decision about a longer term placement once the information is



Name:

Date:

available.

- Sometimes, in non-emergency situations, pre-placement meetings are available.
- ❖ Remember to get the name and phone number of the person who called you and write down any agreements you make with the staff member.
- ❖ If you already have children placed in your home, their needs come **FIRST**. You should consult with the caseworker of the children already placed in your home about the new placement. Consider how the potential new child will affect not only individual family members, but the interactions, atmosphere, and scheduling of your family as a whole.
- ❖ Take time to discuss the information you've received with other family members or alternate child care providers if that is necessary. Let the placement worker know that you will discuss the placement and call them back. Remember to ask for a time frame.

Sometimes the placing agency is “shopping” for the best resource and may call several agencies looking for a home. You may say that you'll accept the referral only to have the placement fall through because another agency presented another home. This is an unavoidable disappointment when it occurs and isn't your fault.

Placements are never definite until the caseworker and child arrive at your home.



Name:

Date:

**Contact your local school district or early intervention to find out the following information:**

What is the phone number of the local Early Intervention (EI) Coordinator?  
(If Applicable)-

Which school will a child placed in your home attend?  
(Not JUST district, but specific building. This includes Head Start)

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What is the enrollment process?

- Online,
- Paper
- In-person
- What documents are needed to enroll a child?

What's the name and contact information for the Guidance Counselor?

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How long does it take after enrollment for a child to start school? \_\_\_\_\_

Do you have a plan for childcare (alternate supervision) if it takes time before a child can start school? \_\_\_\_\_

Who is your alternate supervision? \_\_\_\_\_

Do they have/need clearances?  
\_\_\_\_\_

Is the school in-person, hybrid, or virtual?  
\_\_\_\_\_



Name:

Date:

- Do they have a website or portal for communication with parents?
  
- Will a child take:
  - The school bus (where is the bus stop?)
  - Be transported by you
  - Walk to school
  - Other public transportation
  
- What will you do for supervision when there is a snow day, school holiday, or your child is sick?  
\_\_\_\_\_
  
- What is your Before & After School Plan Including transportation:

For pre-school aged children:

- What is the phone number of the local daycare you plan to use? (If Applicable)  
\_\_\_\_\_
  
- Is this an individual or business? \_\_\_\_\_
  - If individual, do they have their clearances? \_\_\_\_\_
  
- Does this daycare have openings for my desired age range? \_\_\_\_\_
  
- Do they participate in:
  - Subsidized program



Name:

Date:

- Self Pay

- Can you cover the cost of the daycare until the subsidy (if available) starts?

(This can often be several months) \_\_\_\_\_

- Do you need full time supervision or limited times?

\_\_\_\_\_

- What is the enrollment process?

- Online,
- Paper
- In-person?

- Local Child Care Information Services (CCIS) phone number:

- Backup Plan: Should the daycare close, or the child get sick, what is your plan?

\_\_\_\_\_

- Timeframes: Sometimes alternate care for any age isn't available immediately after placement. Will someone be able to call off work? What if enrollment in daycare or school takes a few days or a week?

\_\_\_\_\_



Name:

Date:

**Contact your local Pediatrician, Dentist, or Optometrist to find out the following information:**

- What is the name & phone number of the Pediatrician you will use (if needed)?

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- Are they accepting new patients who have state-managed Medicaid? \_\_\_\_\_

- What is their enrollment process?

- Electronic
- Paper
- In-person?

- What is needed to schedule the first appointment?

- Basic information
- Full medical records?

- What is the name & phone number of the Dentist you will use (if needed)?

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- Are they accepting new patients who have state-managed Medicaid? \_\_\_\_\_

- What is their enrollment process?

- Electronic
- Paper
- In-person?

- What is needed to schedule the first appointment?

- Basic information
- Full medical records?

- What is the name & phone number of the Optometrist you will use (if needed)?

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Name:

Date:

- Are they accepting new patients who have state managed Medicaid? \_\_\_\_\_
- What is their enrollment process?
  - Electronic
  - Paper
  - In-person?
- What is needed to schedule the first appointment?
  - Basic information
  - Full medical records?

Local Pediatrician that accepts the state's managed Medicaid:

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Local Dentist that accepts the state's managed Medicaid:

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Local Optometrist that accepts the state's managed Medicaid:

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If your placement is from a system where they pre-assign physicians, the following information will be provided to you at the time of placement, or shortly after:

- Physician name, contact number, and address.
- Date of last appointment
- Insurance name and numbers



Name:

Date:

## **When the placement call comes:**

You'll probably be very excited when a person from the agency calls to say, "We need a home for a child. Can you help us out?" It's wonderful to be able to say "yes" to a question like that, but there will be times when you'll have to say "no." The safety and well-being of your family and the child depend upon good placement decisions. No matter how much pressure you may feel to take the child or how good a salesperson the placement worker might be, **YOU** must decide what is best for your family. Try to make placement decisions with your "head" and not your "heart."

Good placement decisions lead to the special joy of extending yourself to a child in need. Poor decisions can lead to stress, abuse, allegations, and/ or a sense of failure for resource parents and children.

To help you plan for the placement call, complete the worksheets on the following pages. They are designed to encourage family discussion. Work together as you consider each item. Record your decisions and your FRS will discuss them with you.

**Don't let anyone encourage you into a decision that isn't comfortable**

See the following pages to help your decision



Name:

Date:

## PLACEMENT WORKSHEET

### ❖ **Number of Children (if this is not predetermined during the licensing process):**

- Consider how many children you feel would be able to successfully live in your home.
- Think about the number of biological children you have, the bedroom space, and the amount of time you can devote to taking care of children.

How many children do you think your home can accommodate? \_\_\_\_\_

### ❖ **Sex assigned at birth and Gender of Child (ren):**

- Are you familiar with the differences between gender identity and sex assigned at birth? If not, ask your caseworker!
- What would be the possible bedroom arrangements?
- What is the gender identity of your own children? \_\_\_\_\_
- Would you be able to care for a mixed gender group? \_\_\_\_\_

### ❖ **Age of Child (ren):**

- Consider the age of your biological children
- The level of dependency you are comfortable with
- Your personal preference for littles versus teens
- Safety issues if sharing a room
- What would be the bedroom assignments
- Is the age you are comfortable with based on the characteristics of sex assigned at birth and/or gender? It is OK to set different age ranges.

*Remember: Chronological age may be not be the same as a child's intellectual/ social / developmental age.*

What is your age range for males? \_\_\_\_ To \_\_\_\_ Flexible? Yes \_\_\_\_ or No \_\_\_\_



Name:

Date:

What is your age range for females? \_\_\_\_ To \_\_\_\_ Flexible? Yes \_\_\_\_ or No \_\_\_\_

❖ **Race / Ethnicity of Child (ren):**

- While you and your family might not have preferences about race / ethnicity when accepting a referral, please consider the ability of the following groups to embrace a child who is different (this can also include rural / urban differences):
  - immediate family
  - extended family
  - community

Also consider your willingness to learn and incorporate different cultural / ethnic traditions.

Check which of the following you feel will be best suited to your family and community.

\_\_\_Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Bi-Racial \_\_\_ Other

**Keep in mind that accepting a child from a different race/ culture means an adjustment for both the child and your family; you'll need to embrace the child's culture and heritage in your own family's culture.**

❖ **Intellectual Disabilities**

It is difficult to define intellectual disabilities on a broad level. These disabilities can include lower intellectual functioning in addition to possible delays in social behavior. There are many variations in abilities with children who have been diagnosed on the Autism spectrum for example; learn about each child's unique needs before saying no!

- **Mild disability** may be addressed through special education services at school and follow-up with social skills at home. Often, mild handicaps are not even recognized until school age.
- **Moderate disability** usually requires on-going special education and may require on-going assistance with self-help skills. Socialization may be



Name:

Date:

behind other children of the same age.

- **Severe disability** often requires ongoing assistance with self-care. Additional supervision could be required. Physical problems and motor coordination difficulties are usually present.

If you feel your family would be able to accept a child with such a disability, check the levels you would be comfortable working with.

\_\_\_\_\_ Mild      \_\_\_\_\_ Moderate      \_\_\_\_\_ Severe

❖ **Physical or Medical Disabilities:**

Again, physical disabilities can be difficult to classify, due to a wide range of limitations. Below are a few special needs that you might encounter. Check those your family would be willing to consider, if any.

\_\_\_\_\_ **Hearing impairments** can range from needing hearing aids for partial hearing loss to complete hearing loss. The most marked handicap of children with hearing impairments usually involves difficulty with speech and communication. Otherwise, these children usually have normal intelligence and socialization.

\_\_\_\_\_ **Vision impairments** can range from partial sight loss, "legally blind" to total vision loss.

\_\_\_\_\_ **Limited mobility** may require restructuring of the home environment.

\_\_\_\_\_ **Daily medical procedures** may be required of diabetics (insulin shots) or for asthmatics (breathing treatments), etc.

\_\_\_\_\_ **HIV/AIDS - infected children** may range from those who have been exposed to the virus, but are showing no signs of infection to children with AIDS-related illnesses. Universal precautions should always be practiced for the protection of the child and the family.

❖ **Length of Placement:**

Most successful placements average 12 months in length. These are considered long-term placements. Short-term placements can include placements of **less than 30 days** or



Name:

Date:

regular weekend **respite** for other families.

Accepting a shorter placement is the preference of some families. Others maintain a longer placement at the same time they are willing to assist in occasional short term placements. For short-term placements, consider:

- Possible daytime supervision (regardless of age)
- Greater issues surrounding separation and loss
- Your family's ability to tolerate and support a short-term relationship with a child.

Would you consider: \_\_\_\_\_ A placement of less than 30 days? \_\_\_\_\_ Respite?

#### ❖ **Permanency Planning**

While many of the children have goals to return with family members, there are cases when a parent's rights to a child have been terminated by the courts. The child in this case would be put in an adoptive placement. Sometimes, the referring agency anticipates that a child will become available for adoption, but the legal paperwork has not been completed. This is sometimes known as a foster-to-adopt case or legal-risk.

Would you consider: \_\_\_\_\_ A pre-adopt placement- rights have been terminated  
\_\_\_\_\_ A foster-to-adopt/legal risk

#### ❖ **Pregnant Teen Placement:**

This type of care is designed to help young girls during their pregnancy. These girls may need support with their own emotional problems, as well as assistance in obtaining prenatal care. They will also need training in parenting skills prior to and after the birth of their child.

Would you consider Pregnant Teen placements? \_\_\_\_\_ YES \_\_\_\_\_ NO



Name:

Date:

**Most agencies will appreciate the honesty of resource parents who can say, “No, I don’t think we are prepared to take this child at this time.” We respect the right of the resource family to say no. We value our resource homes and you can be sure we will call with another potential placement again.**



Name:

Date:

## **Before a Placement**

- ❖ Consider having first night bags / or a welcome basket that should include items such as:
  - Older children:
    - IF possible, an activity the child has said they enjoy.
    - Bedding– think about having a new pillow, bedding and towels or make sure it is obviously clean and has a good smell.
    - Personal items that can be theirs such as: soap, shampoo, toothbrush, toothpaste, mouthwash (you may feel comfortable all sharing mouthwash, but a child may not), etc.
  - Younger children
    - Stuffed animal or other soft comfort item.
    - Dimmer on lights
    - Be prepared for light or sound sensitivity (have sunglasses headphones available just in case)
    - Child friendly snacks
    - Small toy or other item that can be “theirs”
- ❖ Know who your alternate caregivers is. – remind this person or people about HIPAA guidelines.
- ❖ Remember to mentally prepare yourself that every placement causes strong emotions in both the child and your family. Recognize and begin to accept that your expectations will probably not happen.

### **Preparing for the arrival of your child:**

Daily Routine needs - Fortunately, there are many book titles available that detail the



Name:

Date:

basic daily needs of children of all ages. Here are just a few things to keep in mind:

### **Food –**

- ❖ Two year olds are notorious for picky eating. Try not to worry. Buy a good child care guide, provide a variety of nutritious foods and then let your pediatrician reassure you that your child is not starving.
- ❖ Pre-schoolers should be exposed to many different foods, but forcing a child to eat is not a good idea, according to experts. Encourage them to take just one bite and "try it." Ask your kids to help you choose and prepare foods.
- ❖ Children and teens who have suffered neglect, grief and loss may hoard food or shows signs of an eating disorder (eating too much, too little, or too quickly). These disorders are difficult to treat and will probably require the help of a professional, such as a therapist.

### **Bathroom**

- ❖ You may know in advance from the resource family or previous caregiver if your child requires help with toileting and bathing, and how much help to offer.
- ❖ When showing your child the bathroom for the first time, ask if there are any questions.
- ❖ You may need to think ahead if older sons and daughters need toileting help in public places. If any parent is unsure what to do with a child of the opposite gender, it is okay to err on the side of caution. **Don't leave your son or daughter's care to strangers.** Take the child into the bathroom of your gender and don't worry about the stares of others.

### **Clothing**

- ❖ Studies show that our tastes in clothing, shoes and jewelry have a strong cultural component. Your child's tastes may seem strange to you but think twice before trying to change them. This falls under the category of "choosing your battles wisely." One good rule of thumb is "If it's clean, decent, safe, belongs to you, and doesn't violate the school dress code, you can wear it."
- ❖ Teens use clothing to stick out and to fit in, depending on their mood. Try to be flexible but define your boundaries with safety and stick to them.



Name:

Date:

## **Sleeping Habits**

Before the first night, find out as much about sleeping habits as you can. You will need to know if the child has a history of:

- ❖ Sleepwalking, sleep-talking, enuresis, or night terrors (extreme nightmares)
- ❖ Difficulty getting to sleep, staying asleep, or waking up
- ❖ Nighttime fears which can be alleviated with a good night light
- ❖ How many hours of sleep the child needs
- ❖ If the child wants the door open or closed
- ❖ Whether or not naps are needed and, if so, when, how many per week, and of what length
- ❖ If bedtime medication is required (DDAVP, for example, is commonly prescribed to prevent bedwetting)
- ❖ What the child needs to be comfortable, such as a night light, a certain type of pillow, a sleeping pet (stuffed animal), lots of blankets, only cotton blankets, etc.
- ❖ And what the bedtime ritual involves. Combine the child's ritual with the one you wish to establish, i.e., pajamas, teeth brushing, bedtime story, hug, prayer, lights out.
- ❖ Teens may have outgrown the desire for a bedtime story but this is an ideal time for a quick chat. Once your teen is ready for bed, take a few moments to go over the next day's schedule. If your adolescent wants to talk to you about anything, this is a good time.
- ❖ Problems with sleeping may be a side effect of certain medications.
- ❖ Realize that even if the child shared a bed in the past, current regulations require all children to have their own bed.



Name:

Date:

It takes patience, understanding and compassion to help a child work through the catastrophic loss they experience upon entering care. It takes patience, understanding and compassion to help a child work through the catastrophic loss they experience upon



Name:

Date:

## **The Day of Placement-**

### **Know what to expect:**

- ❖ *Expect* the placement to not show up. Be prepared, yet remember there is a 50/50 chance the placement will not happen.
- ❖ *Expect* if the placement happens, it will be hours after you think it will and take longer than expected.
- ❖ *Expect* a lot of paperwork the night of placement. Have alternate caregiver ready to help the child adjust while you are doing paperwork.
- ❖ *Expect* very little information
- ❖ *Expect* the need to do laundry
- ❖ *Expect* to run to the store once staff leave your home
- ❖ *Expect* a court date within days of the placement
- ❖ *Expect* phone calls and meetings– there will be a lot of both at the beginning
- ❖ *Expect* parental visits and for visits to change
- ❖ *Expect* to ask for help
- ❖ *Expect* to feel overwhelmed, confused, and pulled in a lot of directions– the caseworker, mentoring resource parent, and program manager are available for them to talk to.
- ❖ *Expect* people who have never parented to tell you how to parent.

### **Remember:**

- ❖ Have alternate caregiver ready to help take care of the child while paperwork is being completed.
- ❖ Put pets “away.” You never know how the pet and new child will respond to each other.
- ❖ Talk to the child about what they feel comfortable calling you.



Name:

Date:

- ❖ Give the child a tour of the home, especially the bedroom and bathroom. Let the child know where to find necessary items.
- ❖ Introduce the child to your family members using names that the child will use.
- ❖ Don't expect the child to automatically fit in that first day. Spend extra 1:1 time with them to allow them to get to know you.
- ❖ Provide a comfort meal. Ask the child what their favorite food or snack is, and give them that. This is not the time to worry about nutrition or the 4 food groups, it is a time to help the child bridge the differences in homes and begin the adjustment into your home.
- ❖ If there is time, take a tour of the neighborhood. If it cannot be done that day, plan to take a tour the next day.
- ❖ Do a connection activity with the child: color, play video games, play with toys, build with Legos, etc. Be prepared for the child to not think the family is awesome, or be excited about being away from their family.
- ❖ Have just-in-case pajamas for children who may come with nothing.
- ❖ Ensure the child has a protein filled snack before bed.
- ❖ At or near bedtime, read a story to the new child (typically under 10). This starts the connection process and can help the child relax.
- ❖ Purchase any supplies needed for the care of the child.
- ❖ While the caseworker is in the home, when the child is not present, ask if there has been any new information discovered that would help with the care of the child.
- ❖ If permitted, **and with expressed permission from the placing worker**, allow the child to call home/ parents

### The first week of placement

- ❖ Write down **everything** the child came with, this includes: money, toys,



Name:

Date:

mementos, clothes, shoes etc. Write the clothing on the Clothing Inventory List form and turn the form in to your caseworker as required. It is a good idea to give the caseworker a copy of the list of everything brought into the home.

- ❖ Purchase needed items as necessary.
- ❖ Set up doctor/ dental/ vision appointments **ASAP**. It is easier to cancel an appointment if the child goes home than it is to get one at the last minute.
- ❖ Think about taking off work to help with the child's adjustment to your home (or have someone available who can do this for you)
- ❖ Communicate with your caseworker any needs you have, and any observations about the child.
- ❖ Remember to self- care. It is easy to get wrapped up in the needs of the child, and forget to take care of yourself.



Name:

Date:

### **Ongoing things to remember:**

It is EXPECTED and in some states REQUIRED that all resource parents create a LIFE BOOK for each child in their home. Working together on a life-book can bring a resource parent and child closer together. It creates a natural opportunity to talk about the circumstances of the kinship or foster care and/or adoptive placement. A life-book is a useful tool in any stage of out-of-home care. A life-book is a recording of a child's memories, past and present mementos, photos, drawings, and journals. These are preserved in a memory box, binder, photo album, or book. The LifeBook belongs to the child. The child decides who can look at it. If the child moves, the LifeBook goes with him.

Because you spend so much time with the child and get to know the child so well, you are in a great position to start the development of the LifeBook.

- A life-book is an easy tool to use to get to know a new child in your home. Working with the child to create pages that reflect his or her life will help you get to know the child better and build a relationship in the process.
- A life-book should be physical copies of pictures, report cards, artwork, etc.

### **Questions a Lifebook Can Help Answer**

- Why am I living in this resource home?
- Why am I in out-of-home care?
- What have I been able to do since being in this home
- How have I changed since being here?
- Document and celebrate accomplishments while in care,
- Keep track of the important people in the child's life.

### **Benefits of a Lifebook**

The process of creating a LifeBook can:

- Help the resource parent, birth parent, and child form an alliance.
- Help children understand their life events.
- Give kids a clearer sense of their life story.
- Provide a vehicle for children to share their life histories with others.



Name:

Date:

- Increase a child's self-esteem by recording the child's growth and development.
- Help the child's birth family share in the time when they are living apart.
- Contribute to a resource family's understanding of the child's past.

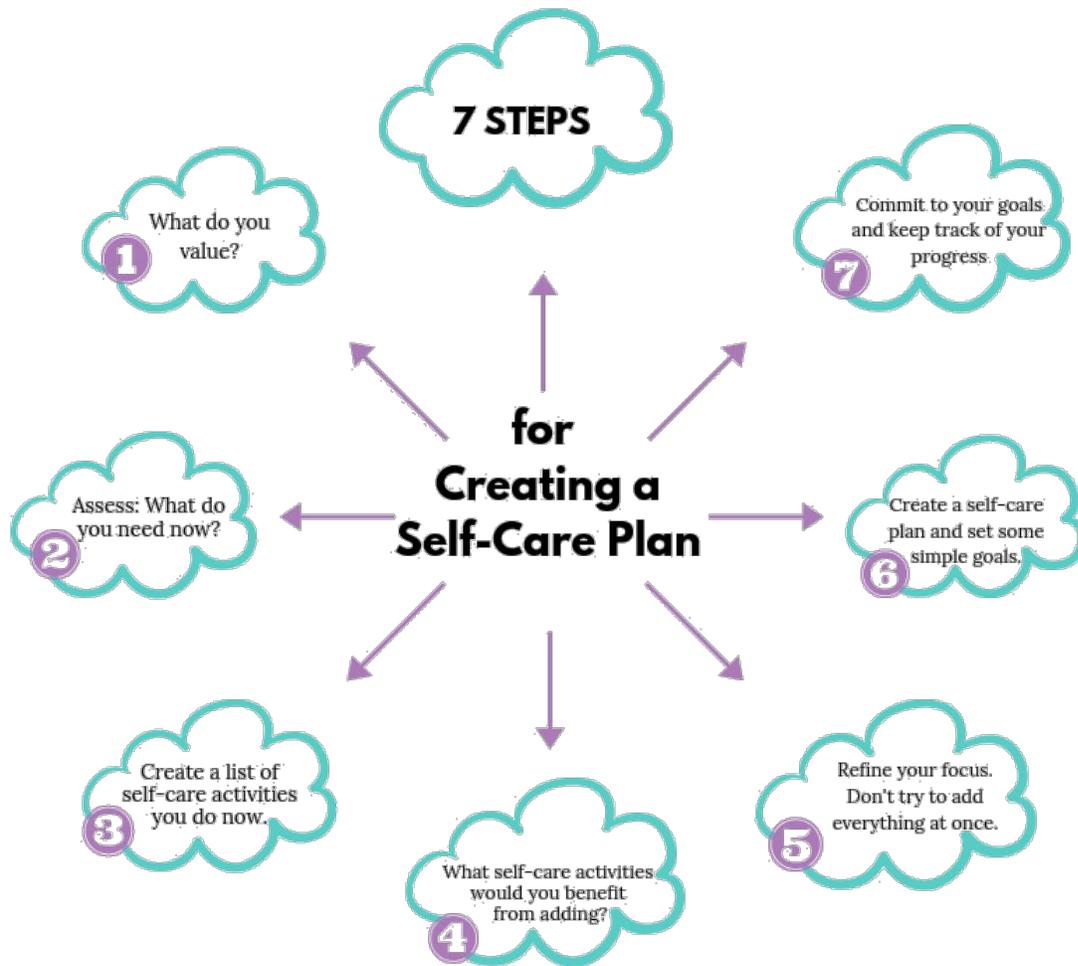


Name:

Date:

### Don't forget self-care

Resource Parents play host to a high level of compassion fatigue. Day in, day out, they struggle within care giving environments that constantly present heart wrenching, emotional challenges. If a resource parent does not remember to take care of themselves, they will soon experience compassion fatigue. It is important to practice both daily and weekly self-care.



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Name:

Date:

## **Helpful Resources- Books**

- ❖ [Maybe Days: A Book for Children in Foster Care.](#) By: Jennifer Wilgocki and Marcia Kahn Wright
- ❖ [Kids Need to Be Safe: A Book for Children in Foster Care:](#) By Julie Nelson
- ❖ [Families Change: A Book for Children Experiencing Termination of Parental Rights.](#) By: Julie Nelson
- ❖ [Murphy's Three Homes: A Story for Children in Foster Care.](#) By: Jan Levinson
- ❖ [Another Place at the Table: A Story of Shattered Childhoods Redeemed by Love:](#) By: Kathy Harrison
- ❖ [My Foster Family: A Story for Children Entering Foster Care.](#) By: Jennifer Levine
- ❖ [Finding the Right Spot: When kids Can't Live With Their Parents.](#) By: Janice Levy and Whitney Martin
- ❖ [Locomotion:](#) By: Jacqueline Woodson
- ❖ [Waiting to Forget](#) By: Sheila Kelly Welch
- ❖ [Orbiting Jupiter](#) By: Gary Schmidt

Resources are provided for informational purposes only and do not constitute endorsement.



Name:

Date:



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

Date: \_\_\_\_\_

**Resource Parent Contact Information**

There will be times when agency staff members will need to contact you for referrals, training, or other placement issues. Provide this handy information sheet: .

**Family Name:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_

**Additional Home Phone:** \_\_\_\_\_

<b>Individual Parent Information</b>		
	<b>Parent #1</b>	<b>Parent #2</b>
Cell Phone		
Email Address		
Work Phone (can we contact you at work?)		
Work Hours		

**Child Care/ Babysitter**

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

Phone Number: \_\_\_\_\_

**Alternate Parent/ Contact**

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

Phone Number: \_\_\_\_\_

(I am aware that clearances will need to be run for any regular alternate caregivers)

**Additional Comments:**

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

