



# Kelly Elementary SACC Program School Year 2023–2024

Grade (2023-2024) \_\_\_\_\_ Child's Start Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Gender: \_\_\_\_\_ Student Resides with (Circle one) Both Parents Father Mother Other \_\_\_\_\_

Does your child have an IEP or 504? Yes No

If yes, please sign to give permission for SACC to obtain a copy \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student relation to Emergency Contact: \_\_\_\_\_

### **PAYMENT CONTRACT (Effective start of the 23-24 School Year)** **Rates are as follows, please check all that may apply:**

Morning care: \$10.00 per day \_\_\_\_\_

Afternoon care: \$10.00 per day \_\_\_\_\_

Both before and after care: \$20.00 per day \_\_\_\_\_

Two-Hour Delays: \$10.00 per day \_\_\_\_\_

Early Dismissal: \$15.00 per day \_\_\_\_\_

Full day care (Some Holidays and Snow Days) \$25.00 per day \_\_\_\_\_

**By signing this form, you are agreeing to use of our SACC program for the 2023–2024 School Year, at the rates listed above.**

**PARENT/ GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please identify all persons with permission to pick up your child/children. Anyone coming to SACC pick-up after school, other than the people listed on this form, will not be permitted to leave with the student(s) unless arrangements have been made in advance of the pick-up date. They will be responsible for providing staff with photo identification.

Name:

Relationship:

Phone #:

---

---

---

---

Please list anything you would like us to know, for example, special accommodation's, concerns, or any other relevant information:

---

---

---

---

# Kelly Elementary SACC Program

School Year 2023-2024

## SACC CONTRACT AGREEMENT

INITIALS	POLICIES
	I UNDERSTAND THAT IF A QUESTION OF THE CUSTODY OF A CHILD ARISES A COURT ORDER MUST BE ON FILE AT SACC, OR BOTH BIOLOGICAL PARENTS HAVE EQUAL RIGHTS TO THE CHILD.
	I UNDERSTAND NO REFUNDS WILL BE ISSUED.
	I UNDERSTAND THAT EACH FRIDAY I MUST PAY FOR THE UPCOMING WEEK. LATE FEES CAN BE ADDED TO ACCOUNTS THAT DO NOT FOLLOW THE POLICY.
	I RECEIVED AND HAVE ACCESS TO THE SACC HANDBOOK (ONLINE).
	I UNDERSTAND THAT IF MY CHILD BECOMES INJURED AT SACC, THE TREATMENT OF INJURIES WILL BE THE RESPONSIBILITY OF THE PARTICIPANTS' PARENT'S PRIMARY INSURANCE CARRIER. THE SCHOOL DISTRICT ACCIDENT INSURANCE IS SUPPLEMENTARY TO PARENT INSURANCE.
	I AGREE TO UPDATE THE FINANCIAL AGREEMENT FORM A MINIMUM OF EVERY 6 MONTHS.
	I UNDERSTAND THAT SACC CHILD CARE RESERVES THE RIGHT TO REMOVE A CHILD IF THERE ARE SAFETY AND WELFARE CONCERNS FOR THE CHILD, OTHER STUDENTS, AND SACC STAFF.
	AN INVOICE MUST ACCOMPANY YOUR SACC PAYMENT.
	FOR SAFETY CONCERNS, PLEASE NOTIFY THE KELLY SCHOOL OFFICE OR CALL SACC DIRECTLY, IF YOUR CHILD WILL NOT BE ATTENDING A SCHEDULED DAY FOR AFTERNOON SACC.
	<b>I AGREE TO THE PRICING BELOW:</b> \$10.00 FOR MORNING \$10.00 FOR AFTERNOON \$20.00 FOR BEFORE AND AFTER SCHOOL \$15.00 FOR EARLY DISMISSAL \$10.00 FOR TWO HOUR DELAY \$25.00 FOR A FULL DAY

I HAVE READ, INITIALED, AND AGREE TO ALL OF THE POLICIES DISCUSSED IN THE ABOVE TABLE.

X

Parent/Guardian Signature

Date

## 2023-2024 Waiver of Liability:

- I understand that during attendance, The SACC staff, volunteers, and affiliates will do everything they can to keep my child safe, however accidents do happen. In case of an accident or incident, I will not hold SACC, its staff, or its affiliates responsible for any harm that might come to my child.
- I understand that the SACC staff members are properly trained to handle emergencies and that if something should happen to my child the staff will use their best judgment in responding, and I will not hold them responsible for their judgments. I understand that these responses might include calling for emergency medical services, emergency medical treatment, going to the emergency room, or going to the doctor's office. I understand that I am responsible to pay for any expenses associated with these treatments. I give my permission for SACC to use whatever means necessary to treat my child in case of an emergency.
- I understand that I must adhere to all parent/ guardian rules at SACC. I am aware that failure to follow all rules can lead to termination of my child/ children's attendance privileges at SACC.
- I understand that SACC's primary responsibility is the safety of all students and staff members. I also understand that if at any time my child, or children are found to have instigated or caused an unsafe (emotionally or physically), or inappropriate situation, staff members have the right to ask my child to immediately leave the premises or program for any length of time and can place restrictions on returning to SACC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Shared Custody Situations:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2023-2024**  
**SACC Health Update Form**  
**Lewisburg Area School District**

**Student's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**List all medications allergies:** \_\_\_\_\_

**List all food allergies:** \_\_\_\_\_

**Has your child ever needed emergency treatment for an insect/bee sting?** \_\_\_\_\_

**Does your child need a Special Diet?** \_\_\_\_\_

**List any Illnesses/Health concerns of your child:** \_\_\_\_\_

**Is your child under medical treatment for any of the above?** \_\_\_\_\_

**Has your child been admitted to the hospital in the past year?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**List the year of any diseases, operations, or major injuries your child has had:**

\_\_\_\_\_

**Please list any medications your child takes at home:** \_\_\_\_\_

**Please list any medications your child will need to take at school:**

\_\_\_\_\_

The above information is provided to ensure that my child will have a safe and healthy school experience.

At times, confidential information may need to be shared with others on a need to know basis. I give permission for this information to be shared if necessary, with emergency/hospital personnel, chaperones during school sponsored trips, teachers, bus drivers, administration, counselors, playground/cafeteria aides, coaches, and/or as needed with other school personnel involved with my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2023-2024**  
**SACC Emergency Form**  
**Lewisburg Area School District**

**Student's Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_ **Parent/Guardian #2:** \_\_\_\_\_

**Parent/Guardian #1 Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian #2 Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian #1 Phone#** \_\_\_\_\_ **Parent/Guardian #2 Phone#** \_\_\_\_\_

**Parent/Guardian #1 Employer:** \_\_\_\_\_ **Parent/Guardian #2 Employer:** \_\_\_\_\_

**If the school must contact a Parent/Guardian, please indicate first choice:** \_\_\_\_\_

**Emergency Contacts**

**In the event of an emergency or illness, the parent/guardian will be contacted first. Please list several other contacts, who can, on your behalf, discuss your child's health issues with school personnel, and/or can take your child home in the event that we cannot reach you.**

**Contact #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact #3:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Family Healthcare Provider/Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Hospital of choice:** \_\_\_\_\_

**The above information can be shared in emergency situations, during school sponsored trips, or as needed with school personnel involved with my child. I give permission to the staff at Lewisburg Area School District to transport or to make arrangements for the transportation of my child to emergency care and to sign permission for treatment declared necessary immediately by a physician in the event that the persons above cannot be reached.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2023-2024**  
**SACC Ambulance Permission Form**

In case of an emergency, LASD SACC program is required to have your permission to transport your child via ambulance. Please complete the form below.

I, \_\_\_\_\_ give permission for my  
Parent/Guardian Name

child, \_\_\_\_\_ to  
Child's Name

be transported via ambulance to \_\_\_\_\_  
Hospital Name

hospital.

**2023-2024**

**Illness/ Missed days:**

• We understand that from time to time children become ill and need to be sent home early from school, or that plans change and you do not need our services in the afternoon. We ask that you contact our office at (570) 524-0968, to inform us that your child (children) will not be in attendance that afternoon. Please leave a message with the name of the child (children). We also like to ensure that all of our families are notified if there is a public health risk. Please advise us as to the illness your child (children) has. We will not share this information with other participants; we will simply inform families that we have been informed of a possible outbreak and that they should take certain precautions.

•If your child becomes ill, or arrives at SACC ill, (vomiting, diarrhea, and fever of 100 or more), then we will contact a parent or guardian for immediate pick up. The daily fee will be charged regardless of when the child leaves SACC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Shared Custody Situations:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**In order to start SACC, you must provide a copy of the following:**

- **Registration Form**
- **Emergency Form**
- **Health Update Form**
- **Ambulance Form**
- **Waiver of Liability Form**
- **Illness Form**
- **SACC Contract Agreement Form**
- **Copy of Last Health Check Up**
- **Copy of Immunizations**
- **Top Page of Handbook**

**This year, handbooks will be given out starting on the first day of SACC, and copies of Immunizations and Health Check Ups will be due no later than two weeks after school starts.**

**Please make sure that you initial and/or sign where applicable**

**If mailing, please return all paperwork to:**

**Lewisburg Area School District  
Attn: Leah Shaffer  
1951 Washington Ave.  
Lewisburg, PA 17837**

**You may also email or fax to:**

**shaffer\_l@lasd.us**

**Fax Number: 570-524-9313**

**For any questions, please call Leah Shaffer at**

**570-522-3207**



## 2023-2024 School Year Closed Dates

SACC will **NOT** be open on the following dates:

Sept 4<sup>th</sup>  
November 23<sup>rd</sup>  
November 24<sup>th</sup>  
December 25<sup>th</sup>  
December 26<sup>th</sup>  
January 1<sup>st</sup>  
January 2<sup>nd</sup>  
March 29<sup>th</sup>  
April 1<sup>st</sup>  
May 27<sup>th</sup>

If it becomes necessary to close on other days due to measures beyond our control, or if staffing becomes an issue, every effort will be made to let parents know well in advance. We hope that this does not happen, and apologize ahead of time if causes any problems.

2023-2024

SACC Payment Invoice, Week of: \_\_\_\_\_

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

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

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

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

**Monday:**

Morning only \$10.00 \_\_\_\_\_ Afternoon only \$10.00 \_\_\_\_\_ Both morning and afternoon \$20.00 \_\_\_\_\_

In-Service/Vacation/Snow \$25.00 \_\_\_\_\_ Early Dismissal \$15.00 \_\_\_\_\_

**Tuesday:**

Morning only \$10.00 \_\_\_\_\_ Afternoon only \$10.00 \_\_\_\_\_ Both morning and afternoon \$20.00 \_\_\_\_\_

In-Service/Vacation/Snow \$25.00 \_\_\_\_\_ Early Dismissal \$15.00 \_\_\_\_\_

**Wednesday:**

Morning only \$10.00 \_\_\_\_\_ Afternoon only \$10.00 \_\_\_\_\_ Both morning and afternoon \$20.00 \_\_\_\_\_

In-Service/Vacation/Snow \$25.00 \_\_\_\_\_ Early Dismissal \$15.00 \_\_\_\_\_

**Thursday:**

Morning only \$10.00 \_\_\_\_\_ Afternoon only \$10.00 \_\_\_\_\_ Both morning and afternoon \$20.00 \_\_\_\_\_

In-Service/Vacation/Snow \$25.00 \_\_\_\_\_ Early Dismissal \$15.00 \_\_\_\_\_

**Friday:**

Morning only \$10.00 \_\_\_\_\_ Afternoon only \$10.00 \_\_\_\_\_ Both morning and afternoon \$20.00 \_\_\_\_\_

In-Service/Vacation/Snow \$25.00 \_\_\_\_\_ Early Dismissal \$15.00 \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Cash:** \_\_\_\_\_



Lewisburg School District  
SACC Program  
325 Hospital Drive  
Lewisburg, PA 17837  
Phone (570) 524-0968

2023-2024 School Year

Dear Parents/Guardians,

We are using this Lewisburg SACC Parent Manual as a means of communicating between your home and SACC. **Please read and keep this handbook readily available throughout the school year.**

Your signature on this form indicates you have received and reviewed all of the information in this manual. Please sign and return this letter to SACC on the first day of childcare service.

---

Student's/students' Name(s)

---

Parent/Guardian Signature

---

Date

# Lewisburg Area SACC Program Parent Manual



325 Hospital Drive, Lewisburg, PA 17837  
(570) 524-0968

Hours:

6:30 a.m. - 8:15 a.m.

3:45 p.m. - 6:00 p.m.

Dear Parents:

Kelly Elementary and the Lewisburg Area School District will be operating a School Aged Child Care program (SACC) for the 2023-2024 school year. Our program will offer a variety of activities, from academic to recreational. During SACC hours, we will provide homework assistance, arts and crafts, games, recess, story telling/independent reading, math extensions, and much more. The staff is comprised of certified teachers and aides.

Registration is open to all Lewisburg families with children enrolled in the district, Kindergarten through age 15. Linntown Elementary students will be bussed from Kelly in the morning and to Kelly in the afternoon. Students that are in the middle school may only attend the program on full days and in the afternoon due to the bussing schedule.

We hope that our program fulfills your expectations for a quality before and after school program. If you have any suggestions or comments for our program, please let us know.

Please take some time to look through this handbook and become familiar with our procedures and policies.

If you should have any questions about the daily schedule, dates of operation, or upcoming events, please feel free to contact Melissa Herb at (570) 523-3220 X4100 or [herb\\_m@lasd.us](mailto:herb_m@lasd.us). If you have a question about payments or invoices, please contact Leah Shaffer at (570) 523-3220 X3207 or [shaffer\\_l@lasd.us](mailto:shaffer_l@lasd.us). If you have questions about program operations, please contact Cathy Moser at (570) 523-3220 X3255.

Thank you.

# Morning SACC Schedule

Homework check

Activities – games, crafts, etc.

Independent Reading/Story Time

Breakfast – if needed

**\*\*Breakfast will be provided by SACC from arrival – 7:50. If your child arrives after 7:50 and needs breakfast they will need to purchase it through the cafeteria on their student account.**

# Afternoon SACC Schedule

Snack

Homework

Physical Activity – outdoors, weather permitting

Games and crafts

# Hours of Operation

Morning SACC – 6:30 a.m. – 8:15 a.m.

Afternoon SACC – end of school day – 6:00 p.m.

# Phone Number

The SACC program has its own phone line separate from the school. The number is:

**(570) 524-0968**

Please call this number if your child is **not** going to be at SACC, when they have been signed up. There is voicemail, so you may call anytime and leave a message.

If you have questions pertaining to our program, please contact us at:

(570) 523-3220 X3255 or [moser\\_c@lasd.us](mailto:moser_c@lasd.us) (Cathy Moser)–program operations

(570) 523-3220 X3207 or [shaffer\\_l@lasd.us](mailto:shaffer_l@lasd.us) (Leah Shaffer)–payment/invoices

(570) 523-3220 X4100 or [herb\\_m@lasd.us](mailto:herb_m@lasd.us) (Melissa Herb) – daily operations

# Vacation Days

For school year 2021 - 2022, SACC is open on all weekdays **except**:

September 4<sup>th</sup>  
November 23<sup>rd</sup> and 24<sup>th</sup>  
December 25<sup>th</sup> and 26<sup>th</sup>  
January 1<sup>st</sup> and 2<sup>nd</sup>  
March 29<sup>th</sup>  
April 1<sup>st</sup>  
May 27<sup>th</sup>

## Payment

There are several different options as to the care provided during the school year.

Before school care - \$10.00

After school care - \$10.00

Both before and after school care - \$20.00

All day - \$25

\*For two-hour delay days and early dismissals, the cost will be as follows:

Two-hour delay - \$10.00

Early dismissal - \$15.00

If writing a check, payments are made to: **LASD SACC Program**  
Insufficient funds will be assessed a \$15.00 service charge each time a check is returned. **Please keep your receipts that you are given as evidence of childcare expenses for tax purposes.**

There is the option to complete an invoice and pay online. In order to pay online, go to [www.lasd.us](http://www.lasd.us). Click on Community and then SACC. You will then click on the link the states to "Click here for online payments."

Please make sure to complete a SACC payment invoice as well as make a payment, by the **Friday** prior to the week of service, to indicate days of service requested. Fees will be charged for scheduled days per agreement. If you are signing your child up for a full day of care, you must either sign your child's name on the signup sheet at SACC or call Leah Shaffer (570) 523-3220 X3207 or Melissa Herb (570) 523-3220 X4100 to sign your child up for the day. **Full days must be paid for in advance.**



# Financial Agreement

By signing the SACC contract agreement, you are agreeing to pay the stated amounts for the service SACC is providing for your child(ren). This agreement will be renewed part way through the year. For continued service of your child, you will need to renew your financial agreement when it is provided for you.

## Insurance

SACC does not carry insurance on its program participants. Should a child become injured while attending SACC and/or SACC related activities, the treatment of injuries will be the responsibility of the parent's primary insurance. School district student accident insurance is supplemental.

## Illness Guidelines

The guidelines set forth by the Department of Health and Center for Disease Control (CDC) will be followed when determining if a child can or cannot be in childcare. The guidelines below for other illnesses will be followed. Your child will be sent home as soon as possible if one or more of the following conditions exist:

- The illness prevents the child from participating comfortably in activities.
- The child has any of the following conditions
  - Fever of 100.4 or higher – May return after being fever free for 24 hours without medication
  - Symptoms or signs of illness that include uncontrolled coughing, difficulty breathing/wheezing, etc.
  - Vomiting

# Health Appraisals

The Department of Human Services mandates that each child have a current medical report on file prior to service. Upon enrollment, parents will receive a child health report. This must be completed by the family physician. Failure to provide a report signed by a physician will result in suspension of services.

## Asthma Inhalers and Epinephrine Auto-Injectors (LASD Policy #210.2)

Students may possess asthma inhalers and self-administer the prescribed medication used to treat asthma with proper authorization. Parent/guardian must contact the school nurse to obtain form and procedure required to obtain authorization.

## Medications

LASD Policy #210 requires that all medications must be stored with and administered by the school nurse. Since the SACC program takes place before and after school hours, the school nurse is not available to administer medications. Therefore, all medications shall be administered to students at home and may not be administered by SACC staff (exception for asthma inhalers and epinephrine auto-injectors with prior approval for self-administration by the school nurse).

All medication, prescription and over-the-counter, must be given directly to the school nurse by the parent or guardian in the original container. Because all medications must be stored with and handled by the school nurse, medications may not be given to SACC staff for any reason. Parents must make arrangements to drop-off or pick-up medication with the school nurse during the school day.

# Change of Address/Telephone

Notify SACC if there is a change in your address or telephone number(s). This information is needed in case of emergency.

## Delays/Closings

SACC will open at 8:00 a.m. when there is a weather-related delay or weather-related closing.

In the event that a 2-hour delay should become a school closing, SACC will remain open for the day. The fee will then increase to a full day charge.

If it has heavily snowed either the night before or in the early morning hours, and the state or county has declared a "state of emergency", then SACC will be closed for the day. Messages will be sent through School Messenger and will be broadcasted via television and radio stations. – Credit will be given for any emergency closing.

Closings and delays will also be listed on local radio and television stations.

## Arrival and Departure

### Arrival:

- From 6:30 am – 8:15 am, drop your child off at door #6. Ring the doorbell and a staff member will greet you at the door.
- Please sign your child in when dropping them off.
- Please write any notes for the am or pm staff in the notebook on the table.

### Departure:

- From the end of the school day – 6:00 pm, please use door #6 to pick up your child. Ring the doorbell and a staff member will greet you at the door.
- You will need to sign your child out at the table when picking them up.
- If your child is being picked up by someone other than yourself, please inform them they will need to show identification.
- Children should NOT leave the building before being signed out and without an adult.
- No child will be released to an unauthorized person. Please call SACC (570) 524-0968 if someone other than you will be picking up your child.

## Emergency Contact Person(s)

The name, address, and phone number of a person we can contact in the event of an emergency is needed and must be kept current. Inform the staff if there are any changes to your contact person(s). Remember to inform the person that you have designated them as an emergency contact.

## Custody

In situations where court determined custody is in effect, SACC must be given a copy of the custody order. If these orders are already on file, please ask the office to forward a copy to SACC. **If SACC has not received official court orders concerning custody, then both parents have equal rights.**

## IEP/504 Students

If your child currently has an IEP or 504, we request a copy. This enables us to work together to ensure that your child's goals are put into practice.

## Behavioral Expectations

We expect that students will adhere to the following school rules at SACC. These rules are:

1. Be Responsible
2. Be Kind
3. Be Safe
4. Be a Learner

Failure to meet behavioral expectations will result in consequences such as:

- |                |                                  |
|----------------|----------------------------------|
| Re-teaching    | Problem-Solving Paper            |
| Time-Out       | Loss of Privileges               |
| Parent contact | Suspension of childcare services |

# Bullying

Bullying happens when a person with greater power takes unfair advantage of a less powerful person and these negative actions are repeated in a pattern behavior. We will not tolerate bullying by children or by adults. In either case, once a concern has been brought to the supervisor's attention, it will be investigated and appropriate action will be taken.

# Outdoor Play

It is expected that students will follow the same recess rules as during the school day. Please see an employee if you would like a copy of the outdoor recess rules.

# Clothing

Please dress your child in comfortable clothing appropriate for the weather. For safety, they should wear sneakers or other sturdy shoes for outdoor.

# Toys and Personal Belongings

When students arrive at SACC, they place their belongings at the wall. All personal belongings and toys must remain in their backpack.

# Emergency Plan

Children will participate in emergency practice drills for fire, severe weather, and other serious events. Staff members have been trained in response procedures in the event of an emergency. Our procedures include plans for sheltering students within and away from the facility. Parents will be contacted as soon as reasonably possible when an emergency arises and ends (please make sure that you provide us with updated contact information whenever changes take place). We will provide you with information regarding reunification with your child when the emergency ends. We ask that you do not come to the facility in the event of an emergency so that first responders may assist our children and staff.