Hello Parents,

Our staff are working to prepare for a major earthquake. In the event of a major earthquake occurs during program hours, we may be responsible for your child’s care for at least 72 hours. Our department has an Emergency Plan and the staff has been trained and prepared to provide emergency care for our participants. We are also requesting parents help to prepare their children by talking to them about what to do at home in case of any earthquake. We hope you take this opportunity to create or review your family-home plan.

In the event of an earthquake occurs during program hours, please be assured that precautions have been taken to ensure the safety of your child. CCARP/Teen Center personnel will remain on site until arrangements have been made for the release of all participants.

Identification will be required to pick up your child. Only those people identified on your enrollment form will be able to pick up your child.

To help us have adequate supplies on hand at site, we are asking you provide your child with an Individual Supply Kit. You will find a list of items to include on the back of this paper. These items should be brought to site in a one gallon Ziploc bag with the completed form inside.

Example of what to include in your child’s Individual Supply Kit:

**FOOD** – All food must be ready to eat and cannot require heating.
- Tuna, canned meat or chicken
- Fruit that is dried, or canned (no plastic)
- Granola bars or other energy bars
- Packages of cheese/cracker or peanut butter/crackers
- Boxed fruit juices
- Plastic fork, spoon
- Kleenex

**OTHER**
- Extra prescription eye glasses
- Medications for a 72 hour period
- A family picture and a caring note from parents reminding them you will pick them up as soon as possible.

Thank You,
Recreation Coordinator
Participant Name: ____________________________________________ Grade: __________________

Teen Center or CCARP Site Name ___________________________________________________________

Home Address: __________________________________________________________________________

Home Telephone (____) ________________________ Mobile Telephone (____) ______________________

Mobile Telephone (____) ______________________

Out of State Contact Name: ______________________________ Telephone (____) ____________________

Relationship: __________________________ Email: ____________________________________________

Medical Information/Allergies _____________________________________________________________

Medication: ____________________________________________ Dosage: ________________________