



BUILDING A SOLID LEARNING FOUNDATION

Evacuation/Relocation Permission Form

Granite Start Early Learning Center

Address: **100 Perimeter Rd. Nashua NH 03060**

Phone Number: **603 880 3353** Cell Phone Number: **603 321 4925**

This permission form may be used in the event of an actual or practice drill of an emergency/disaster. This **Relocation/Evacuation Permission Form** provides a release stating that you as the parent/guardian authorize **Granite Start Early Learning Center** to take your child off the childcare site for the purpose of relocation and/or evacuation.

A relocation drill may require **walking and/or bus transport** your child to primary and alternative relocation sites. This permission slip covers your child's participation in emergency relocation/evacuation drills throughout the year. This will involve leaving the childcare facility site with childcare staff.

You will be notified in advance when a relocation and/or evacuation drill will take place and where to pick up your child.

All possible care and safety will be provided for your child.

Relocation Site Name (Primary): **CrossFit**

Relocation Site Address (Primary): **106 Perimeter Rd Nashua NH 03063**

Child Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____



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Evacuation and Relocation Forms Off-Site Relocation Information for Families/Guardians*

Granite Start Early Learning Center

100 Perimeter Rd. Nashua NH 03063

Emergency Contact at Granite Start Early Learning: **Joyce Goodwin**

Phone Number(s) of Emergency Contact: **603 880 3353**

Cell Phone Number of Emergency Contact: **603 321 4925**

(Only use this number during emergencies; otherwise, it is turned off)

In the event the center must be evacuated because of an emergency/disaster, the staff and children will leave the building and gather in the staging area at: **Grassy area between 100 and 102 Perimeter Rd.**

In the event there is a need to evacuate the staging area because of an emergency/disaster within that area, the staff and children will be transported by **Bus for infants and toddlers and walking preschool through Kindergarten** to the primary relocation site at **CrossFit 106 Perimeter Rd Nashua NH 03063**

Relocation Site Name (Primary): **CrossFit**

Primary Relocation Site Street Address: **106 Perimeter Rd Nashua NH 03063**

Primary Relocation Site Phone Number: **603 595 6400**

If necessary, children will be transported to this healthcare facility: **St. Joseph's Hospital**

Healthcare Facility Street Address: **172 Kinsley St. Nashua NH 03060**

Healthcare Facility Phone Number: **603 882 3000**

Parent/Guardian's signature: _____

Date: _____

Child/rens Name(s): _____