

Designated Alternate Site Location

Head Start Location _____
Address _____
City / State / Zip _____
Phone _____
Center Supervisor _____

To insure the safety of the Head Start Children, our Head Start location needs a designated alternate site to which we could evacuate should a threat arise at the Head Start Center.

Name of Facility: _____
Address _____
City / State / Zip _____
Phone _____

Contact Person: _____

I hereby agree to allow the Head Start to use this facility as their alternation location.

Signature: _____ Date: _____

School Year: _____