

**Key worker enrolment form for emergency child-care in School**

**6th January – 15th January 2021**

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| Name of pupil/ pupils requiring emergency child-care: | Stage: |
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| Please highlight the days you require emergency child-care. |
| Mon | Tues | Wed | Thurs | Fri |
| 4 | 5 | 6 | 7 | 8 |
| 11 | 12 | 13 | 14 | 15 |

|  |  |
| --- | --- |
| Name of first parent/ carer: |  |
| Job title: |  |
| Name of employer: |  |
| Please describe, briefly, your role in relation to Covid-19: |
|  |

Please complete if there is a second parent/ carer:

|  |  |
| --- | --- |
| Name of second parent/ carer: |  |
| Job title: |  |
| Name of employer: |  |
| Please describe, briefly, their role in relation to Covid-19: |
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