



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

**6<sup>th</sup> January – 15<sup>th</sup> January 2021**

Name of pupil/ pupils requiring emergency child-care:	Stage:

Check the box for the days you require emergency child-care.				
Mon	Tues	Wed	Thurs	Fri
4	5	6	7 <input type="checkbox"/>	8 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>

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:	

This information will only be used for the purpose set out in the form and not for any other purpose. The information you provide will be carefully stored and protected and not released to any other organisation.