

## **Registration Form for Critical Key Worker Service**

Please complete and return directly to the childcare service you are requesting

Which childcare service are you applying to	
This service is for children in fam keyworkers.	ilies where all adults in the household are designated as
Category (Please refer to guidance regarding	
Name Known By	
Home Address	
	Postcode
Home Telephone	
Other children in the family:	
Parent/carer Name 1	2
Relationship to child 1	2.
Mobile 1	2
Email 1	2
Parent/carer Place of Work 1.	2
Parent/carer Job Title 1.	2
Employer including contact details for line m	nanager – a check with your line manager may be carried out
Employer: 1.	2
Employer Address 1.	2
	2
Line Manager Job Title 1.	2
Line Manager phone no. 1.	2
Line Manager email 1	2

Emergency contacts				
1.	Name		Relationship to child_	
	Address			
	Postcode	Home Tel No	Mobile	
2.	Name	Relationship to child		
	Address			
	Postcode	Home Tel No	Mobile	
	eal Contact			
-	alth needs: e list any allergies	, ailments, additional support needs)		
	edication: /needs stored:			
		Staff will only administer medication	n that is accompanied by a prescription.	
Please complete administration of medication form and provide family with a copy of the medical procedure policy.				
I undertake to advise the Childcare Service of any changes to the above details.				
Paren	nt/carer (Print n	ame)		
Parer	nt/carers Signat	ure/s	Date	
<ul> <li>All Information disclosed will be treated as confidential and handled under the General Data Protection Regulation (2016)</li> </ul>				

This form will be kept in the childcare service where your child will be cared for in the event of emergency medical treatment being sought