

**Key worker enrolment form for emergency childcare (P4 – 7)in school**

**22nd February – Onwards**

|  |  |
| --- | --- |
| Name of pupil/pupils requiring emergency childcare | Stage |
|  |  |
|  |  |
|  |  |
|  |  |

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| --- |
| Mark the boxes for the days you require emergency childcare |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

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

Please complete of there is a second parent/carer:

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

Please complete and e-mail to the school office at gw14stcadocspsoffice@glow.sch.uk