



Key Worker Enrolment Form for Emergency Child-care in School

Name of pupil/pupils requiring emergency child-care	Stage

Check the box for the days you require emergency child-care.				
Monday	Tuesday	Wednesday	Thursday	Friday
18 th	19 th	20 th	21 st	22 nd
25 th	26 th	27 th	28 th	29 th

Name of second parent/carer	
Job title	
Name of employer	
Please describe, briefly, their 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.