Request for childcare form

Name and form class of Child/ren

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/s of the child/children named above. I/We qualify as key workers as our jobs are;

Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like my child/children to avail of supervised childcare during the week of Tuesday 5th-Fri 8th January. I understand that the school canteen is not available this week and will provided a packed lunch daily. I will ensure my child/children has two face coverings and support the wearing/changing of these masks. My child/children will need supervision on (please circle);

Tuesday 5th Wednesday 6th  Thursday 7th  Friday 8th Jan

To assist with our planning please tick one of the following

* My child/children is entitled to Free School Meals (FSM) and has been provided with a device to access remote learning □
* My child/children is entitled to FSM an has not been provided with a device to access remote learning □
* My Child/children is not entitled to FSM but does have access to a device to access remote learning □
* My child/children is not entitled to FSM but does not have access to a device to access remote learning □

In the space below please provide us with an email address for further correspondence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert parental email address)

Thank you