

**COVID-19 Critical Worker Form**

**January 2021**

<b>Child's name</b>			
<b>Year Group</b>		<b>Class</b>	
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<b>Parent 1 Name</b>		<b>Occupation</b>	
<b>Place of work</b>		<b>Full time/Part time (please delete as necessary)</b>	
<b>Parent 2 Name</b>		<b>Occupation</b>	
<b>Place of work</b>		<b>Full time/Part time (please delete as necessary)</b>	

I confirm that my/my partner's work is critical to the COVID-19 response

I do not have other childcare available

<b>Print Your Name</b>	
<b>Date</b>	