



Crofton Hammond Infant School – January 2021

Special Provision for children of 'Critical' workers request form

Child/children details

(name, class)

Parent/ Carer 1

Name:

'Essential' work role:

Employer:

Place of work:

Contact number of employer:

Pattern of work (days):

If we were able to offer wrap around care would you use it? Which days?

Provision needed (days):

Office staff seen proof of employment

Parent/ Carer 2

Name:

'Essential' work role:

Employer:

Place of work:

Contact number of employer:

Pattern of work (days):

If we were able to offer wrap around care would you use it? Which days?

Provision needed (days):

Office staff seen proof of employment

Emergency contact 1

Name:

Relationship:

Contact Number:

Contact Number:

Emergency contact 1

Name:

Relationship:

Contact Number:

Contact Number: