**St. Mary’s Catholic Primary School**

**Registration form for Critical Worker Parents**

Every child who can be safely cared for at home should be. Places are ONLY for those who have to go into work and have no alternative provision. Help us to reduce community transmission by keeping numbers low. Thank you for working in partnership with us to help keep everyone safe.

Full information as to how places are allocated can be found on the website. Places will be considered every Friday from 8.30 am for the following week and booked one week at a time. Please email this form to Head@lea-st-marys.lancs.sch.uk

**STAY AT HOME – PROTECT THE NHS – SAVE LIVES**

|  |  |  |  |
| --- | --- | --- | --- |
| Child/children full name/s |  | Year Group |  |

**Parent / Carer Information – contact 1**

|  |  |  |
| --- | --- | --- |
| Name of Parent / Carer |  | |
| Key Worker Job role/title |  | |
| Employer |  | Parental responsibility Y / N |
| Daytime/work telephone number: |  | Mobile: |
| Place of Work: |  | Email: |
| Name of Supervisor: |  |  |
| Full time / Part time (circle) |  |  |

**Parent / Carer Information – contact 2**

|  |  |  |
| --- | --- | --- |
| Name of Parent / Carer |  | |
| Key Worker Job role/title |  | |
| Employer |  | Parental responsibility Y / N |
| Daytime/work telephone number: |  | Mobile: |
| Place of Work: |  | Email: |
| Name of Supervisor: |  |  |
| Full time / Part time (circle) |  |  |

Places requested for W/C………………………………..

**KEY WORKER Shift Pattern**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thur | Fri |
| **Parent/ Carer 1**  **shift pattern**  *Please indicate the hours you will be working* |  |  |  |  |  |
| **Parent/ Carer 2**  **shift pattern**  *Please indicate the hours you will be working* |  |  |  |  |  |
| **KW position required**  Please tick to indicate the days requested for a KW place |  |  |  |  |  |

\*\* Please attach your shift pattern evidence such as screenshot of rota etc.