Please complete the form below for all parents/carers within your household and send via email to [admin.bushfieldinfants@northlincs.gov.uk](mailto:admin.bushfieldinfants@northlincs.gov.uk)

(If hand written please print clearly)

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name  Class & Year group |  | | |
| Name of Parent/Carer 1 |  | Name of Parent/Carer 2 |  |
| Contact telephone number |  | Contact telephone number |  |
| Parent email address |  | Parent email address |  |
| Occupation  Are you a Critical Worker Yes / No  If Yes - please explain |  | Occupation  Are you a Critical Worker Yes / No  If Yes - please explain |  |
| Employer Name, Address, Contact number, email address |  | Employer Name, Address, Contact number, email address |  |
| Parent working hours/rota |  | Parent working hours/rota |  |
| Required school hours  (eg days/times) |  | Required school hours  (eg days/times) |  |
| Any additional information | | Any additional information | |
| **Please only use emergency school provision if you have no other alternative. If you are able to stay at home with your child or use existing childcare bubble arrangements you must do so. School provision will only be available for you whilst you are expected to work.** | | | |