

Critical Worker Registration Form

Your name:	
Your employer and role:	
Your child/children's name/s:	
Your child/children's class:	

Contact details

The contact numbers you provide must be available for the whole school day and adults named as contacts must be able to collect children during the school day should the need arise.

Name	Number

I understand that if my child or any member of the close family exhibits any symptoms of COVID-19 the whole family will need to self-isolate for 10 days.

I understand that my child must not attend school if alternative childcare is available at home.

Signature of parent or carer: _____ Date _____