

Registration Form for Critical Key Worker Service

Please complete and return directly to the childcare service you are requesting

Which childcare service are you applying to _			
This service is for children in far keyworkers.	nilies where all adults i	n the household are des	signated as
Category (Please refer to guidance regardi			
Child's			N a m e
Date of Birth			
N a m e	Known		Ву
Home Address			
		Postcode	
Home Telephone			
Other children in the family:			
Parent/carer Name 1	2		
Relationship	t o	c h i l d	1.
Mobile 1			
Email 1	2		
Parent/carer Place of Work 1.	2		
Parent/carer Job Title 1.	2		
Employer including contact details for line	manager – a check with your I	ine manager may be carried ou	ıt
Employer: 1.			
Employer Address 1.	2		
Line manager Name 1.	2		
Line Manager Job Title 1.	2		
Line Manager phone no. 1.	2		
Line Manager email 1	2		

Emerg	ency contacts			
1.Nan	ne		Relationship to child	
	Address			
_	Postcode	Home Tel No		
	ne.		Relationship to child	
2.743.7				
_ Mobile_		Home Tel No		
Medica	al Contact			
Child's I	Doctor			
Address	S			
Postcoo	le	Tel No		
	h needs: st any allergies, ailm	nents, additional support needs)		
My Medi o This is/ne	cation: eeds stored:			
	Staf	ff will only administer medicatio	n that is accompanied by a prescription.	
Pleas	se complete admin	istration of medication form and	I provide family with a copy of the medical procedure policy.	
I undertake to advise the Childcare Service of any changes to the above details.				

_Date

Parent/carer (Print name)

Parent/carers Signature/s

- All Information disclosed will be treated as confidential and handled under the General Data Protection Regulation (2016)
- This form will be kept in the childcare service where your child will be cared for in the event of emergency medical treatment being sought