**Parent Survey for Educational Provision**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Name |  | | |
| Address |  | | |
| Phone Number |  | | |
| Do you work in a critical or key worker role?  Please give details of your role and your employer name and address | | |  |
| Does your child:   * Have a social worker? * Have an EHCP?   Or, are they:   * A young carer? * Vulnerable in another way? | | | Please give details |
| Which days would you need this childcare? | | |  |
| Please give us the names, dates of birth and class name of ALL of your children at our school. | |  | |
| I confirm that there is no other adult in the household that can provide care for the child/ren. I understand that sending them to school at this time, exposes my child/ren/family to increased risk of contracting coronavirus. | | Please sign | |