**Exceptional Childcare Provision Application Form**

**Cardonald Primary School**

Child’s Name: ……………………………………………………………………

**Parent/Primary Carer 1**

Name: ……………………………………………………………………

Occupation: ……………………………………………………………………

Name of Employer: ………………………………………………………………

Address of Employer: ………………………………………………………….

Employer Telephone Number: ……………………………………………

**Parent/Primary Carer 2**

Name: ……………………………………………………………………

Occupation: ……………………………………………………………………

Name of Employer: ………………………………………………………………

Address of Employer: ………………………………………………………….

Employer Telephone Number: ……………………………………………

**Days Required** (please circle or underline)

**Monday am pm**

**Tuesday am pm**

**Wednesday am pm**

**Thursday am pm**

**Friday am pm**

**Please indicate if the following applies to your circumstances Yes No**

**I work shift patterns and my childcare needs will vary on a weekly basis. I will advise the school in advance of my/my partner’s weekly shift pattern and provide a written copy to the school if requested.**

**Please read and sign the following terms and conditions.**

I agree to keep my child at home if I or any of my immediate family develops symptoms indicating COVID 19.

I agree to provide shift pattern timetables where relevant for me and my partner/spouse.

I confirm I am using this service as a last resort as I have exhausted all other alternatives.

I agree to respond immediately to any communication from the school – please confirm contact numbers are up to date.

I agree to collect my child/ren timeously from the school.

I agree to comply with Lockdown Level 4 restrictions for me and my child/ren.

Signature: …………………………………………………………….

Please return this form to [headteacher@cardonald-pri.glasgow.sch.uk](mailto:headteacher@cardonald-pri.glasgow.sch.uk) with the subject heading Exceptional Childcare Application.