

Pandemic Response Workers Child Care



I. Child(ren) Information	
First Name:	Last Name:
Child's Age:	Child's Date of Birth (DD/MM/YR):
First Name:	Last Name:
Child's Age:	Child's Date of Birth (DD/MM/YR):
First Name:	Last Name:
Child's Age:	Child's Date of Birth (DD/MM/YR):

II. Parent Information	
Parent 1 - First and Last Name:	
Parent 1 - Phone Number	Email
Address Parent 1 (street number and name, city/town, postal code)	
Parent 2 - First and Last Name:	
Parent 2 - Phone Number	Email
Address Parent 2 (street number and name, city/town, postal code). Complete if different than Parent 1.	

III. Parent Employment Information		
Please indicate the name of the employer and the position title for each parent.		
Parent 1	Employer:	Position Title:

Parent 2	Employer:	Position Title:
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IV. Days and Hours of Care Required		
Identify Type of Care Required	Identify Days of the Week	Identify Hours of the Day
Full-Time	Monday	From to
Part-Time	Tuesday	From to
Casual/Drop-In	Wednesday	From to
	Thursday	From to
	Friday	From to
	Saturday	From to
	Sunday	From to

V. Preferred Child Care Centre
Please refer to the list of centres offering child care services to eligible workers, including age ranges and hours of operation. Identify your top three preferred child care centres.
1)
2)
3)

Submit the application form to essentialservices@gov.sk.ca