**School Closure- Emergency Workers Information**

Under the Governor’s Executive Order 20-20 (Directing Minnesotans to Stay Home), workers providing critical services are exempt and able “to travel to and from an individual’s place of work and an individual’s performance of work duties, including transportation to and from child care or school settings as necessary to ensure the safe care of children”. In addition, under the Governor’s Executive Order 20-19 (Distance Learning Period), school districts are “to provide care, at a minimum, to **district enrolled** students age 12 and under who are eligible children”.

The care for children of these workers is intended for extreme circumstances in which **no parent or guardian** is available to care for a child due to employment as a critical worker.

Our schools will provide childcare for eligible children of Emergency Workers from 8:00 AM to 3:00 PM. An emergency worker includes:

Emergency Workers in Tier I Under the Executive Order

* Healthcare and Public Health
* Law Enforcement, Public Safety and First Responders
* Food and Agriculture
* Judicial Branch (essential services)
* National Guard (active duty)
* Educators and School Staff Providing Care for Critical Workers
* Childcare providers caring for children of any critical worker in the Governor’s Executive Order

**Emergency Worker Information (Parent/Guardian #1) :**

Emergency worker’s name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification(must provide all of the following)**

* I have attached a letter from my employer
* I have attached a copy of my work ID
* I have obtained a signature of an authorized workplace official

Emergency workers supervisor’s name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency workers supervisor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Worker Information (Parent/Guardian #2) :**

Emergency worker’s name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification(must provide all of the following)**

* I have attached a letter from my employer
* I have attached a copy of my work ID
* I have obtained a signature of an authorized workplace official

Emergency workers supervisor’s name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency workers supervisor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all children, ages 4-12, along with information about the student.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name | Grade | Bus Route | Is the student currently on an IEP or 504? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This form needs to be returned by **Noon on Friday before care** to **Ada-Borup Elementary Office** if your family qualifies for Emergency Worker childcare. The only students that will be allowed in the building will be students that are enrolled in our Emergency Worker Child Care Program.

**\* Transportation will be provided to those students who traditionally ride the bus to or from school.**

School-Based Child Care Schedule

Please fill in the schedule below with the days that you will be needing care and return to the **Elementary Office** no later than **12:00pm on the Friday before care.** Care is offered from 8:00-3:00 only.

\_\_\_Example\_Jon Smith, Jill Smith, Joe Smilth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday \_\_\_\_\_\_ | Tuesday \_\_\_\_\_\_ | Wednesday \_\_\_ | Thursday \_\_\_\_\_ | Friday \_\_\_\_\_\_ |
|  |  | X |  | X |
| Monday \_\_\_\_\_\_ | Tuesday \_\_\_\_\_\_ | Wednesday \_\_\_ | Thursday \_\_\_\_\_ | Friday \_\_\_\_\_\_ |
| X | X | X |  | X |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday \_\_\_\_\_\_ | Tuesday \_\_\_\_\_\_ | Wednesday \_\_\_ | Thursday \_\_\_\_\_ | Friday \_\_\_\_\_\_ |
|  |  |  |  |  |
| Monday \_\_\_\_\_\_ | Tuesday \_\_\_\_\_\_ | Wednesday \_\_\_ | Thursday \_\_\_\_\_ | Friday \_\_\_\_\_\_ |
|  |  |  |  |  |