

## School-Age Child Care Request for Emergency Workers

Under the directions of the Governor's Executive Order 20-20, free school-age care for the children of emergency workers needs to be provided by school districts. Identified emergency workers follow under these categories: health care personnel, emergency medical services, law enforcement personnel, firefighter personnel, personnel providing correctional services, public health employees and court personnel. For specific job responsibilities refer to this link <https://www.winonaschools.org/news/details/~board/district-board/post/school-age-child-care-request-for-emergency-workers>.

Care will be available from 7:30 am - 5:30 pm.

This form will need to be completed and returned to [Ann.riebel@winona.k12.mn.us](mailto:Ann.riebel@winona.k12.mn.us) or dropped off at the District Office between 7:30 am and 4:00 pm, Monday – Thursday. One form per child is required.

1. Name of Child: \_\_\_\_\_  
(Last Name, First Name)
2. Name of Parent/Guardian: \_\_\_\_\_  
(Last Name, First Name)
3. Telephone Number for Parent/Guardian: \_\_\_\_\_
4. Email for Parent/Guardian: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Date of Birth of Child: \_\_\_\_\_
7. Grade of Child: \_\_\_\_\_ Kindergarten \_\_\_\_\_ 1<sup>st</sup> Grade \_\_\_\_\_ 2<sup>nd</sup> Grade \_\_\_\_\_ 3<sup>rd</sup> Grade  
\_\_\_\_\_ 4<sup>th</sup> Grade \_\_\_\_\_ 5<sup>th</sup> Grade \_\_\_\_\_ 6<sup>th</sup> Grade
8. School child attends: \_\_\_\_\_ Goodview \_\_\_\_\_ Jefferson \_\_\_\_\_ Washington-Kosciusko  
\_\_\_\_\_ Other (List school: \_\_\_\_\_)
9. Is Winona Area Public Schools allowed to communicate with your child's school of enrollment to verify individual needs? \_\_\_ No \_\_\_ Yes (parent signature: \_\_\_\_\_)  
If yes, person's name and contact information: \_\_\_\_\_
10. Is your child on an educational plan with the school of attendance?  
\_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ Medical Care Directive  
\_\_\_\_\_ No, my child does not have specific plans related to their school enrollment.

11. If your child has a medical condition, please provide specific information related to their needs. If your child attends a school outside of Winona Area Public Schools, medical documentation will be required prior to providing care for your child. This includes medical administration forms and health forms.

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12. Will your child need transportation?

- Yes, both to and from school on the typical school day schedule.
- Yes, only to school.
- Yes, only from school.
- No, my child will not need any transportation.

13. I verify I am an Emergency Worker that meets the criteria identified by the Governor's Executive Order 20-20. My verification is included with this application. This can be a scanned copy of an employee badge or a letter from your employer.

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Parent/Guardian