

Application for Day Care Services During School Closure  
For  
First Responder/Medical Personnel

Name:

Address:

Phone Number:

Email:

Employer Name:

Work hours:

Days of Work Week:

Name of Student(s) needing daycare services

Name of Student	Age/Grade of Student	Special Accommodations Needed

\*\*Will need a copy of Medical/First Responder Credentials\*\*

Once this form is completed, please send it to Jeri Young at [young.jeri@evsd90.org](mailto:young.jeri@evsd90.org) .