

QUESTIONNAIRE ABOUT EMERGENCY CARE DURING AND AFTER SCHOOL

Please fill out the following questionnaire and send it or bring it to the school on **Monday, 16 March** at the latest.

- Child's name:.....

- Do you need care during or after school? (cross out if not applicable)
YES - NO

- Please indicate which kind of care is required:
 - Care in the morning
 - Care in the afternoon
 - Care after school

- When do you require care?
 - During all 3 weeks
 - Some days (please list the required days):.....

- Why do you need emergency care during or after school? Please indicate:
 - I work in the medical, health(care) or security sector
 - My children cannot stay with family members
 - Telework is not possible with my job
 - Other:.....