



School-Age Care – Critical Workers

In accordance with **Executive Order 20-94** issued by Governor Walz, Bemidji Area Schools will provide child care for school-aged children ages 12 and under of critical workers in Tier 1 of the critical worker list. **The school-age care for children of critical workers is intended for extreme circumstances in which no parent or guardian is at home, as all of the parents or legal guardians in the child’s household are Tier 1 critical workers.**

Bemidji Area Schools will provide child care to children if at least one parent or legal guardian is a Tier 1 critical worker. Care will be provided from 7:30 a.m. to end of the school day. Applicable fees will be as follows:

All parents/guardians are Tier 1 Critical Workers	No charge
Only one parent/guardian is a Tier 1 Critical Worker	\$20/day per child

After school care is available through Kids & Co with applicable fees.

****Total child care fees will not exceed \$20 per day per child.***

A critical care worker includes:

- Health care and public health
- Law enforcement, public safety and first responders
- Food and agriculture
- Judicial Branch (essential services)
- National Guard (activated under Executive Order)
- Educators and school staff providing in-person instruction or caring for children of critical workers
- Child care, school-age care, Head Start, and foster care providers

Critical Care Worker #1 Information	Critical Care Worker #2 Information
Critical Care Worker’s Name/email Address:	Critical Care Worker’s Name/email Address:
Place of Employment:	Place of Employment:
Contact Phone Number(s):	Contact Phone Number(s):

I certify this information is correct and no other care provider is available to care for my child(ren).

Parent Signature

Verification – Critical Care Worker #1 (must provide one of the following):

- I have attached a letter from my employer
- I have attached a copy of my work ID
- I have obtained signature of an authorized workplace official:
Critical Care Worker #1 Supervisor’s Name (print): _____
Critical Care Worker #1 Supervisor’s Signature: _____

Verification – Critical Care Worker #2 (must provide one of the following):

- I have attached a letter from my employer
- I have attached a copy of my work ID
- I have obtained signature of an authorized workplace official:
Critical Care Worker #2 Supervisor’s Name (print): _____
Critical Care Worker #2 Supervisor’s Signature: _____

Please list all children, aged 12 and under, and the school they attend:

Student Name	Grade	School Attending	Is the student currently on an IEP or 504?	Time of Care (Include afterschool care.)

After completing this form, please FAX it to 218-333-3138, email or send a screenshot to registrar@isd31.net or drop off at the Downtown Education Center, 502 Minnesota Ave NW.

Once registration is confirmed, you will receive an email with further directions.

Please call Transportation to arrange for busing – 218-333-3225.