|  |
| --- |
|  **KEY WORKER INFORMATION SHEET****CHILDCARE PROVISION****Please provide the information below and return to school**  |
| **PUPIL DETAILS** |
| **Name of Pupil** |  |
| **Year Group** |  |
| **Class** |  |
|  |
| **KEY WORKER DETAILS** |
| **Name** |  |
| **Home Address**  |  |
| **Contact Telephone** |  |
|  |
| **Key Worker Group** | **Job Title** | **Please identify your role** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **CHILDCARE REQUIREMENTS** |
| **Days of the week** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Time of the day**  |  |  |  |  |  |
| **I have made my own arrangements**  |  |
|  |
| **Date** |  |
| **Signature** |  |
| **Print Name** |  |
| **Relationship to child** |  |