|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | | |
|  | *To be confirmed by DfE* | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  | | | | | | |
| **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** |  | | | | | |