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 DETAIL	S					
Name						
Home Address						
Contact Telephone						
-						
Key Worker Group	Job Title (To be confirmed by DfE)			Please identify your role		
	l					
CHILDCARE REQUIRE	MENTS					
Days of the week	Monday	Tuesday	Wedn	esday	Thursday	Friday
Time during the school day						
I have made my own arrangements						
	1					
Date						
Signature						
Print Name						
Relationship to child						