

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