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					