

## 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