

Cassop Primary School

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	PARENT 1	PARENT 2
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Name		
Home Address		
Contact Telephone		

Key Worker Group 1	Job Title	Please identify your role
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Key Worker Group 2	Job Title	Please identify your role
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CHILDCARE REQUIREMENTS

Days of the week	Monday	Tuesday	Wednesday	Thursday	Friday
Time of the day	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm
I have made my own arrangements	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm	<input type="checkbox"/> am/pm

Start Date	
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KEY WORKER CONFIRMATION	PARENT 1	PARENT 2
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Date		
Signature		
Print Name		
Relationship to child		