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**Keyworker School Provision**

Please complete the short form below to let us know if your child needs access to our Key Worker School Provision.

Pupil Name…………………………………………………………… Class…………

Parent Name………………………………………………………………………………

Key worker role and brief explanation of this role:

…………………………………………………………………………………………………

………………………………………………………………………………………………….

………………………………………………………………………………………………….

Emergency Contact number 1……………………………………………………………

Emergency Contact number 2……………………………………………………………

Email Contact address:…………………………………………………………………..

Any Medical/Allergy Issues/Needs: ……………………………………………………

…………………………………………………………………………………………………

………………………………………………………………………………………………

Please TICK to let us know which days key worker school provision is needed:

|  |  |  |  |
| --- | --- | --- | --- |
| **PLEASE TICK ALL RELEVANT BOXES** | Breakfast Club 7.45-8.55am | Day Provision 8.55-3.30 | After School Club 3.30-6.00pm |
| MONDAY |  |  |  |
| TUESDAY |  |  |  |
| WEDNESDAY |  |  |  |
| THURSDAY |  |  |  |
| FRIDAY |  |  |  |

Any other important information we should know:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Signed……………………………………………………………… Date………..…..