**Key Worker Information Form**

**Parent Name:**

**Child/dren details:**

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| --- | --- |
| **Child Name** | **Class** |
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|  |  |
|  |  |

**I am the main carer:** Yes/No

**My role is:** Full Time/Part Time/Shift Work

|  |
| --- |
| **My Role** |
|  |

|  |  |
| --- | --- |
| **Please select the following option that is most likely to apply, self-isolation allowing.** | Tick |
| My child will not be attending school at all during the national school closures. |  |
| My role is full time and I anticipate my child will be attending school daily. |  |
| I work part time/shifts or I have access to some child care so I anticipate my child will be in school on a differing pattern each week.  |  |