

Request for Covid-19 Key Worker Child Place



Name of Child/ren	
Year Group/s	
Parent Name 1	
Contact Number	
Occupation	
Employer	
Employer Contact Name and Number	
Parent Name 2	
Contact Number	
Occupation	
Employer	
Employer Contact Name and Number	

Sessions Requested					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

For Office/Safeguarding Staff - Sessions Agreed					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

If you have any questions, please do not hesitate to contact me directly.

Thank you for helping us to help keep your children safe.

Mrs. Kelly Vaughan