**TEMPORARY ADMISSION SHEET FOR CHILD CARE FOR A CORONAVIRUS KEY WORKER**

**TO (SCHOOL NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By completing this form you are agreeing to us contacting your child’s substantive school for any relevant information pertinent to your child’s temporary stay with us. This will include any information in relation to safeguarding.

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| CHILD’S NAME | DOB |
| USUAL SCHOOL NAME  HEAD TEACHER NAME | YEAR GROUP OF CHILD  LOCAL AUTHORITY |
| PARENTS NAME  1.  2.  KEY WORKER ROLE  1.  2. | PARENT CONTACT DETAILS  1.  2.  OTHER EMERGENCY CONTACT DETAILS |
| WHAT CAN YOU TELL US ABOUT YOUR CHILD THAT WILL HELP US TO MAKE YOUR CHILD FEEL WELCOME, COMFORTABLE AND ENJOY THEIR TIME HERE? | |
| DOES YOUR CHILD RECEIVE ANY ADDITIONAL SUPPORT AT SCHOOL OR HAVE ANY ADDITIONAL NEEDS?   IF YES, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE SO THAT WE CAN MEET YOUR CHILD’S NEEDS EFFECTIVELY.  (PLEASE USE THE BACK OF THE FORM IF NECESSARY) | |
| DOES YOUR CHILD HAVE A PLAN IN RELATION TO ADDITIONAL SUPPORT NEEDS, EARLY HELP OR SAFEGUARDING? (PLEASE CIRCLE AS APPROPRIATE)  EDUCATION & HEALTH CARE PLAN (EHC PLAN)  EARLY HELP PLAN  CHILD IN NEED PLAN  CHILD PROTECTION PLAN  ANYTHING ELSE (PLEASE SPECIFY)  IS YOUR CHILD CURRENTLY BEING REFERRED TO A SERVICE OUTSIDE SCHOOL FOR ANY REASON  (Please specify which service/agency so we can support your child as effectively as possible) | |
| PLEASE USE THIS SPACE TO TELL US ANYTHING ELSE YOU WOULD LIKE US TO KNOW OR TO CONTINUE FROM  PAGE 1 | |
| SIGNED­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­:  PRINT NAME:  DATE: | |