

CHILDCARE REQUEST FORM

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childcare@fandcpres.org

RESERVATIONS MUST BE MADE 48 HOURS IN ADVANCE

Childcare Usage Contact Information:

Date Submitted: _____

Group Name: _____

(Exact name of event)

Contact Name: _____

Contact Number: _____

Address: _____

City/State/Zip: _____

Email Information: _____



Please List only One Event Per Form!

Event Day	Event Date

- Monthly Beginning Date: _____ Ending Date: _____
 Bi-Monthly Beginning Date: _____ Ending Date: _____
 List Week (2nd & 4th? 1st & 3rd? Every Other?) _____
 Weekly Beginning Date: _____ Ending Date: _____
 One Time Need

Start Time	End Time
_____ a.m./p.m.	_____ a.m./p.m.

Estimated Number of Children _____

Infant: _____
 Toddler: _____
 Elementary: _____

Office Use ONLY

- Copies given to:**
- Childcare Coordinator
 - Children's Director
 - Form Originator

CONFIRMED BY: _____
Coordinator

Confirmed Copy Given To: Childcare

- Children's Director
- Form Originator

Confirmed via: Email Telephone

Date Confirmed: _____