



Nursery & Childcare Needs Form for the _____ Church

_____, Nursery Coordinator. Phone: _____. Email: _____

Please turn in this form 7-14 days prior to your event by turning form into the Church Office or you can email the form to _____.

Event: _____

one event weekly bi-weekly monthly yearly

Contact Person: _____ Phone: _____

Date: _____ Timeframe: _____

Childcare for the whole event or just part? Explain: _____

Estimated number of children: _____

Age range of children: _____

Are participants or a committee paying for the childcare?

Money collected: _____ Committee: _____

Are you requesting a specific room or just the childcare room? _____

Special needs for the event: _____

Any other questions or information: _____

Requested by: _____ Date: _____

Approved by Nursery Coordinator: _____ Date: _____

Workers assigned: _____

(Nursery Coordinator's use only)

This form must be filled out for current teams and all future events.