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.