

CHILD CARE REQUEST FORM

Please complete this form and place in the Child Care Mailbox

DATE OF REQUEST _____

REQUESTED BY _____

PHONE _____

E-MAIL _____

GROUP/EVENT NAME _____

GROUP/EVENT DATES _____

GROUP/EVENT TIMES _____

DAY OF THE WEEK **M** **T** **W** **TH** **F** **SA** **SU**

IS THIS A RECURRING EVENT? **Weekly** **Bi-monthly** **Monthly** **No**

IF MONTHLY/BI-MONTHLY, WHAT WEEKS? **First** **Second** **Third** **Fourth**

IF A RECURRING EVENT, LIST ANY DATES YOU WILL NOT NEED CHILD CARE

PLEASE NOTE THAT EVENTS MAY NOT TAKE PLACE ON CHURCH-DESIGNATED HOLIDAYS. OFFICE HOLIDAY LISTS ARE AVAILABLE IN THE CHURCH OFFICE.

APPROXIMATE NO. OF CHILDREN _____ AGES OF CHILDREN _____

IS THIS EVENT BEING HELD HERE? Yes * No, Location: _____

*** EVENTS REQUIRING CHILD CARE MUST BE HELD ON LOCATION AT HEMPFIELD UMC UNLESS OTHERWISE APPROVED BY PASTOR KEITH BRAUCHER**

QUESTIONS SHOULD BE DIRECTED TO childcare@hempfieldumc.com

- You will be notified when your request has been approved
- There is a five child minimum for providing care
- You are responsible for notifying us of any changes in schedule or cancelations