



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.