

## CHILD CARE REQUEST FORM

**This form must be returned to the Childhood Ministry office  
at least five (5) days prior to event.**

Today's Date \_\_\_\_\_

Department/Organization & Event \_\_\_\_\_

Date of Event \_\_\_\_\_ Time Childcare is Needed \_\_\_\_\_

Contact Person \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Phone No. \_\_\_\_\_

Parent's Name	Children by name & age				
	1 yr. & under	2 yr.	3 yr.	4-5 yr.	Older
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Totals					

**OFFICE USE ONLY**

Workers assigned: \_\_\_\_\_  
\_\_\_\_\_