



Kid's Care Request Form

Today's Date: _____

Name of Organization or Event: _____

Date of Event: _____ Start Time: _____ End Time: _____

If this is a Recurring Event, list the dates and times for the 90 days.

(You must resubmit this form every 90 days.) (It is acceptable to enter "Every Tuesday, 7pm-9 pm.")

Date	Time (Start and Finish)	Date	Time (Start and Finish)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When do you need Kid's Care? Start Time: _____ End Time: _____

Children Expected: Infant/Toddler _____ Preschool _____ School age _____

If there will be children with special needs, what are their requirements? _____

Contact Person: _____

Home Phone: _____

Email: _____

Any other information that may help us? _____

Please leave this form in the Nursery mailbox across from the office.

For Office Use

To: _____

From: Kid's Care Coordinator, kidscare@ebenezerumc.org

Below are the workers who have been assigned for your event:

Event: _____

Date(s): _____

Workers' Hours: _____

Kid's Care Workers Assigned: _____

Updated: 01/04/2011