

Fredericksburg United Methodist Church

Child Care Request Form

Forms are collected each Sunday and Wednesday evenings. Forms must be turned in at least one week prior to requested care date.

Sponsor/Leader name: _____

Contact number for care confirmation: (____)____ - _____

Group/Activity: _____

Meeting Date: ____/____/____

OR:

If this is an ongoing activity:

Beginning Date: ____/____/____

Ending Date: ____/____/____

Dates you will not be meeting: _____

Start Time: ____:____ __m **End Time:** ____:____ __m

Place/Room: _____

Number of children needing care: _____

Ages of these children: _____

Will children be present during entire meeting/event? YES NO

If not, from what times? ____:____ __m TO ____:____ __m

SPECIAL INSTRUCTIONS

Do any of the children have specials needs (i.e. allergies, medicine, etc.)?

Allergies: _____

Medications: _____

Additional information: _____

We appreciate you filling this form out so that the nursery staff can better serve you.

If you have any questions, please call Diane Cotter at 540-786-7537.