

Aldersgate United Methodist Church
CHILDCARE REQUEST FORM
(Effective September 2004)

Please put all requests for Childcare in the church mail box marked CHILDCARE to the attention of the Childcare Supervisor, Leigh Ann Chambley (868-9436).

NAME OF GROUP OR EVENT _____

DATE OF MEETING _____

TIMES OF MEETING (Beginning/Ending) _____

SPECIFIC LOCATION OF MEETING _____
(Reserved through church office)

NUMBER OF CHILDREN EXPECTED BY AGE CATEGORY:

Up to and including: 0-1 years _____ 2-5 years _____ 6 years-5th grade _____

Are there any children with special needs? Explain. (Include any ALLERGIES):

CHURCH MEMBER CONTACT _____ PHONE _____

DATE SUBMITTED _____