

Request for Childcare
Adult Education, Small Groups And Ministry Events/Meetings
Childcare for ages birth thru 5th grade

Today's Date: _____

Name of person making request: _____

Phone: _____ Email: _____

Is Childcare request for ministry event/meeting? Y or N
(If yes complete Section 1, if no complete Section 2.)

Section 1-For events/meetings

Name of Ministry Event: _____

Date: _____ Time: _____

Number of children expected: _____

Ages of children expected: _____

Section 2-For Adult Education and Small Groups
This section is to be completed by parent.

Name of Adult Education Class or Small Group: _____

Name of facilitator: _____

Start date of class or small group: _____

Meeting Day and Time: _____

Names and ages of child or children:

List any known allergies

1. _____

2. _____

3. _____

Please add any special instructions here: _____

Please contact Nilda Falcon at 785-7487 or email nfalcon@phumc.net for additional information.