

**FIRST UNITED PRESBYTERIAN CHURCH
CHILDCARE REQUEST FORM**

Please completely fill out the Childcare request form and forward it to the Childcare Coordinator,
at least **2 WEEKS** prior to the function date to ensure that there will be plenty of time
to schedule coverage for your event.

Today's Date _____

Function/Event _____ **Date of Event** _____

Start Time _____ **am/pm** **End Time** _____ **am/pm**

Contact Person _____ **Phone** _____

Cell # _____

E-Mail Address _____

FUPC Ministry or Group _____

Estimated number of children:

Under One Year _____

One Year - Kindergarten _____

Kindergarten and Up _____

Total Number Expected _____

Please list any special needs, restrictions, or allergies:

Child's Name _____ **Special Needs, Restrictions, Allergies** _____

Childcare Coordinator:

Phone:

E-Mail Address

Amy McCann

501-658-1259 (C)

amym409@yahoo.com

Coordinator's Use Only

Date Received _____

Confirmed Count _____