

Send completed form to: **Email: cindi.wallace@bethany-umc.org**

OR Return form to church office reception Mail Box Drop Off.

Request for Childcare Bethany UMC Nursery Ministry

The following information **MUST** be received by the Program Care Coach **a minimum of 2 weeks** before the event. The Contact Person will receive a phone call or email confirming childcare arrangements.

Ministry/Group/Organization: _____

Cost of care will be covered by the following ministry: _____
Ministry will be contacted for verification

Cost of care will be covered by individual participants

Event: _____

Location: _____

Day of the Week: _____

Dates: _____

(Please attach a syllabus of your class to each request indicating days you will not be meeting for long term and short term meetings.)

Start Time: _____ **Until:** _____
(Care will be provided until no later than 9:45 p.m.)

Class Leader: _____ **Phone:** _____ **Email:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Phone # where group can be reached during event: _____

Estimate number of children according to age:

_____ Under 1 year _____ 1 to 3 years
_____ 4 to 7 years _____ Over 7 years old

TOTAL NUMBER OF CHILDREN: _____

Special needs or Comments: _____

We provide quality childcare in support of the programs at Bethany and are expected to help offset the cost of this service. Please see the Bethany Nursery Fee Policy for payment information. Contact Elizabeth Nettles, Nursery Administrator, at elizabeth.nettles@bethany-umc.org or 335-7195, for more information.

Please submit the list on page 2 AT LEAST 7 days before event.

Send completed form to: **Cindi Wallace, Program Care Coach**
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<h2>Request for Childcare</h2> <h3>Bethany UMC Nursery Ministry</h3>
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The following information **MUST** be received by the Program Care Coach **a minimum of 1 week** before the event.

Group or Organization: _____

Event: _____

Dates: _____ **Location:** _____

Start Time: _____ **Until:** _____
(Care will be provided until no later than 9:45 p.m.)

Class Leader: _____ **Phone:** _____ **Email:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Phone # where group can be reached during event: _____

List of Children and Ages of Children that need care. If more space is needed please attach the additional information.

Name	Age	Parent Name	Cell Phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			