

CHILDCARE REQUEST FORM

Alpharetta Presbyterian Church

ORGANIZATION'S NAME _____

CONTACT PERSON _____ PHONE NUMBER _____

FACILITY USE REQUEST COMPLETED: YES _____ NO _____

ONE TIME DATE & TIME REQUESTED _____

CONTINUOUS START DATE _____ END DATE _____

WEEKLY DAY _____ TIME _____

MONTHLY DAY _____ TIME _____

NUMBER OF CHILDREN _____ AGE RANGE _____

IS THIS A WORSHIP SERVICE OR BIBLE STUDY? : YES _____ NO _____

IF NOT, WHAT ACCOUNT SHOULD BE CHARGED? _____

CHILDCARE RULES:

- CAREGIVERS AVAILABILITY IS FROM 9AM TO 8PM
- MINIMUM OF 2 HOURS MUST BE REQUESTED
- REQUESTS MUST BE SUBMITTED 2 WEEKS IN ADVANCE TO THE DIRECTOR OF CHILDREN'S MINISTRY
- CANCELLATION REQUESTS MUST BE MADE 1 WEEK IN ADVANCE

APPROVED BY: _____ DATE _____

