

On-Going Event Childcare CANCELLATION Form

Name of Group Requesting Care Cancellation_____

Event_____ Date to be Cancelled_____

Do you want Childcare to Resume? YES NO When?_____

Time you want care to Begin_____ Time to End_____

Approximate Number of Children: Birth- Kindergarten_____ Elementary_____

Contact Person_____ Contact Person Phone #_____

Contact Person Email _____

Childcare Requested by (please circle one): Staff Committee Chair Group Leader

THIS FORM MUST BE TURNED IN NO LATER THAN TWO WEEKS PRIOR TO EVENT CANCELLATION.
Thank you!

Return to Kristy Varva, Office #211

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