

**Childcare Communication Form**

Name of Group Requesting Care\_\_\_\_\_

Event\_\_\_\_\_Date\_\_\_\_\_

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 OR  
CHILDCARE WILL NOT BE GRANTED.**

Return to Kristy Varva, Office #211

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