



SATURN ROAD CHURCH OF CHRIST
KIDCARE SPECIAL EVENTS REQUEST FORM
Please make request three weeks in advance.

Please submit this form to Kerri Persaile, KIDCARE Coordinator, by leaving it in the designated box in the church office hallway or emailing it to Kerrirdathome@aol.com. This form is to be used in conjunction with the Facilities Use Request Form (available from the receptionist or located near the staff mailboxes in the church office). Upon receipt of the request, you will be contacted by Kerri to verify this information and be asked other details as deemed necessary. Within seven business days of receiving this request, you will then be notified if the event will be staffed for childcare. If appropriate staffing CANNOT be obtained by the SRCC Nursery and Childcare Ministry, childcare CANNOT be conducted and children CANNOT be left unattended at the SRCC facility.

Submitted by: _____ Date: _____

Contact phone number: _____ Email _____

The following information will be used to determine the specific needs of this request in terms of childcare. If the event is cancelled or changed in any way, please notify the Nursery and Childcare Coordinator immediately. Failure to do this may result in future requests being denied.

Name or type of event _____

Day AND Date of event _____ Is this to be a recurring event? YES NO

Event times: From _____ AM PM to _____ AM PM

Approximate number of children and ages:

0-12 months _____ 1-2 years _____ 3-5 years _____ K-2nd grades _____

3rd-5th grades _____ 9th grades and up _____

NOCHILDREN under the age of 18 are to be allowed in the building unsupervised. Please notify your entire group of this policy.

Are you willing to pay caregivers? YES NO Are you willing to pay for snacks/meals? YES NO

NOTE: Snacks are indicated for childcare events of two hours or longer.

Is this a ministry-related event? YES NO If YES, what ministry will be paying for the childcare and

snack/meal expenses? _____

Signature _____

FOR OFFICE USE ONLY:

Date received _____ Date of response _____ Number of caregivers needed _____

Number of paid caregivers _____ Number of volunteer caregivers _____

Name and number of those staffing this event:

Follow up comments _____