

# Child Care Request Form

***Please submit your completed form to the Office Manager in the church office. Please allow at least 2 weeks notice before your event. If the lead time is less than 2 weeks, please personally contact our Office Manager at 703-978-8724 x102 or [office@ststephensfairfax.org](mailto:office@ststephensfairfax.org) Thanks!***

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ministry Group Making Request: \_\_\_\_\_

Date Child Care Needed: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_

Total Number of Children Expected: \_\_\_\_\_ Ages (0 – 3 years) \_\_\_\_\_ (4-8 years) \_\_\_\_\_

Please Check:  One Time Event  Weekly Event  Monthly Event

Starting Week / Month: \_\_\_\_\_ Ending Week / Month: \_\_\_\_\_

Please list any dates that you may “skip” for holidays, holy days, etc: \_\_\_\_\_

Date Initial Request Made: \_\_\_\_\_

Contact Person the Day of Event (if different than person making request): \_\_\_\_\_

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## STAFF TO COMPLETE:

Date Received: \_\_\_\_\_ Sent to Nursery Coordinator: \_\_\_\_\_

Confirmed by Nursery Coordinator: \_\_\_\_\_