

First Baptist Church Skiatook Childcare Request Form

Contact Person: _____

Phone: _____ Email: _____

Event: _____

Date childcare needed: _____

Start date: _____ End date: _____

Day of week: Sun Mon Tues Wed Thur Fri Sat

Start time: _____ End time: _____

Number of children: _____

Please break down by ages:

Babies	One By 9.1	Two By 9.1	Three By 9.1	Four By 9.1	Kindergarten	1st Grade	2nd Grade	3rd Grade	4th Grade	5th Grade

Are you providing a meal or snack? ___ Yes (no peanut products) ___ No

If yes, please describe: _____

Four weeks prior to event date:

Please submit completed Request Form to Sheree Jordan, slcjordan@sbcgobl.net , 918-396-7859

One week prior to event date.

Please call your final child count number to Carrie Thompson, 918-948-3954

Signature

Date Submitted

Office Use Only:

Approved: ___ Yes ___ No

Building Reserved: ___ Yes ___ No

Number of Childcare Workers Needed: _____

Snacks Needed: ___ Yes ___ No

Number of Classrooms Needed: _____

Budget: _____