

Washington Cathedral
Childcare
Request

Event Contact Person: _____
 Contact Info: _____
 Supporting Ministry: _____

Request submitted by: _____ Submitted date: _____

Calendar Title of Event: _____

Is this a one-time event? Yes No If yes, Date: _____ Day: _____

Start time of event: _____ End time: _____

*** Please note that childcare is not provided after 9pm.**

Is this a recurring event? Yes No If yes, complete information in this box:

Day(s) of event (circle all that apply): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Event occurrence: weekly monthly other: _____

Date of event: Start date: _____ End date: _____

Time of event: Start Time: _____ End Time: _____

*** Please note that childcare is not provided after 9pm.**

Location of your event: Spirit Falls Building ReCreation Center Other

Estimated number of children: _____ *This information should be updated to the childcare coordinator five days prior to your event. Please include a list of names and ages with your update. Every attempt will be made to meet the childcare needs for your event however; childcare can not be guaranteed for all events.

Meals/food planned for the children: _____

*It is not the responsibility of the childcare team to plan or provide meals/food for the children during care. However, the childcare team will serve any meals/food provided by you. All classrooms are a "nut-free zone!" (This includes peanut butter sandwiches.)

THIS SECTION IS FOR OFFICE USE ONLY

Request received by: _____ Date: _____ Time: _____

Copies given to: Amy Williams Jannette Backlund Other Attach this form to the original calendar request.

Childcare worker(s) assigned to this event: _____

***Please use the backside of this form to include additional important information about your event.**