



Saint Matthew Catholic Church

Request for Childcare Coverage

This form must be received by the Nursery Coordinator a minimum of two (2) weeks prior to the scheduled event.

Ministry: _____

Event: _____

Date: _____

Time: _____

If this is a recurrent event, please indicate frequency:

___ **Daily**

___ **Weekly**..... **Every** ___ **week(s) on:**

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

___ **Monthly**

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

I have read, understood and will abide by the current St. Matthew Childcare Policy.

Staff Member: _____ Date: _____

Department: _____ Ext: _____

Supvr. Signature: _____ Date: _____

Approved by: _____ Date: _____

White Copy -- Nursery Coordinator

Yellow Copy - Requester

Pink Copy -- File Copy