



MCC Community Group
Weekly Childcare Benevolence Request Form

Payable To:

Name: _____ Date of Meeting: _____

Group Leader Name: _____

Total Number Families Participating in Childcare And Requesting Benevolence (each must sign below)	Number of Sitters	Number of Hours	Hourly Rate	Total
			\$10/Hour	

By signing below, I hereby certify to Millcreek Community Church that the cost of childcare is an obstacle to my ability to participate in my Community Group Meeting and without this assistance the cost of childcare would be a financial hardship to my family. I understand that the Millcreek Community Church may request additional information to verify these statements.

Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____
Family Name: _____	# of Kids in Childcare: _____	Signature: _____

Please turn this form back to Cindy Salisbury or to her email cindys@millcreek.org within 10-14 days of the date of childcare.

For Office Use Only:

Application Approved:

Application Denied:

If denied, please give reason:

Signature of Authorized Person: _____ Date: _____

Title: _____