

**WESTERN NORTH CAROLINA CONFERENCE
THE UNITED METHODIST CHURCH
CHARGE CONFERENCE REPORT 20____
WEEKDAY CHILDCARE**

Please fill this form out on your computer & SAVE it to your computer. Then attach the file to an email addressed to brouse@wnccumc.org with the subject 'WEEKDAY CHILDCARE'

CHURCH NAME _____

PASTOR _____

DISTRICT _____

PHONE _____ - _____ - _____

EMAIL _____

1. Does your congregation operate or house any weekday childcare programs? YES NO
(If no, go to question 3, if yes, check all that apply.)

Preschool Parents' Day Out Full Day Childcare Before/After School

Other _____

2. If yes, give name of Program Director and daytime telephone.

3. Are you considering a building program?

YES NO WHEN _____

4. Which of the following best describes your church?

a. LOCATION:

Downtown Metropolitan

Inner City

Suburban

Rural Piedmont (1500 or fewer residents)

Rural Mountain (1500 or fewer residents)

Small City or Town

b. ETHNIC MINORITY LOCAL CHURCH

5. If your church needs assistance with a weekday childcare program, or help in starting one, please contact the WNCC Conference Office at 1-800-562-7929, ext 114.