Mothers' Center of Fort Collins Program Signup Sheet

Program Name: _____ **Program Date:** _____

Childcare Coordinator: _____ **Phone:** _____ **RSVP Date:** _____

Call Childcare Coordinator 3 days in advance: _____ **Follow Up Call to Chidcare Coordinator:** _____

Name	Phone/Email	Reminder Call Made	Age of Children for Childcare	Program Cost	Childcare Cost*	Total Due	Payment Type (include ck #)
Hostess:							

Childcare fees for* ***Members:* *$2 per child per hour.* ***Non Members:*** *$4 per child per hour. All MC meetings are $1.00 per child.*

Total Children Members: _____

Place top portion in top file drawer in folder "Completed Program Sign Up Sheets ***or*** **Mail to:** **Nonmembers:** _____

Mothers Center, Attn: Programs, 1200 South Taft Hill Road, Fort Collins CO 80521

Total Amount Collected: **$** _____

Detach, paper clip checks and place in Finance Coordinator folder at the Mothers' Center: Check(s)

~ No Cash is to be left ~

Finace Coordinator folder is located through the chuch office, then first door on the right, the folder is on the wall behind the door or go past the office, go through the second door, turn right down the hall, go in the last door on the left, the folder is on the wall behind the door. This is also the Mail Folder.

OR *Mail to: Mothers' Center of Fort Collins, Attn: Finance Coordinator, 1200 South Taft Hill Road, Fort*

Total Credit: _____

Childcare _____

Program Name: _____ Date: **Programs** _____

Program professional payment

Name: _____ **Total Children Members:** _____

Address: _____ **Nonmembers:** _____

City, State, Zip _____ **Total Amount Collected:** **$** _____

Amount To Be Paid To Professional: _____

Care Providers: **1)** _____ **2)** _____ **3)** _____