

Life Group Childcare Reimbursement Form

The Community of Promise @
 First Baptist Church
 317 W. Ellison
 Burleson, TX 76028
 Office 817.295.2221
 Fax 817.447.8275

Reimbursement Payable To: (Parent or Host)	
Name _____	
Address _____	
City _____	
State _____	
Zip _____	Phone _____
Group Leader Name _____	

*Please fill out ONE form per event.
 Form must be submitted within 30 days of event.*

<i>Date</i>	<i># of Care Providers</i>	<i># of Children</i>	<i># of Hours</i>	<i>Amount</i>

*Please use the chart below to determine amount to be reimbursed.
 This scale is based on a suggested minimum of \$9 per hour rate for childcare.*

# of Children	Hours of Event				
	1	1.5	2	2.5	3
1	\$ 9.00	\$ 13.50	\$ 18.00	\$ 22.50	\$ 27.00
2	\$ 9.50	\$ 14.25	\$ 19.00	\$ 23.75	\$ 28.50
3	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
4	\$ 10.50	\$ 15.75	\$ 21.00	\$ 26.25	\$ 31.50

Group sitting of 5 or more will be paid at a rate of \$ 11.00 per hour per caregiver.

By requesting and accepting reimbursement for childcare, I/we hereby agree to fully release and hold harmless First Baptist Church of Burleson, Texas, also known as The Community of Promise, its pastors, employees, agents, borrowed servants, contractors and other workers, paid or volunteer, or their heirs and assigns, from any and all injuries, claims, liabilities or causes of action which may arise during, or as a result of, this childcare event.

Parent(s) signature _____ Date _____

Please mail, email, fax, or bring this form to the church office. Mark to the attention of Life Group Ministry c/o Financial Assistant or email to dturner@fcburleson.com.

Office Use Only:	
Date _____	Account # 31-5621
Finance Office Approval _____	Adult Minister Approval _____