

Life Groups Childcare Reimbursement Form

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

Reimbursement Payable To:	
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 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, you agree to hold The Community of Promise at First Baptist harmless for any injuries or damages that occur during this childcare event.

Please mail, fax, or bring this form to the church office and mark to the attention of the life group ministry c/o Financial Secretary

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