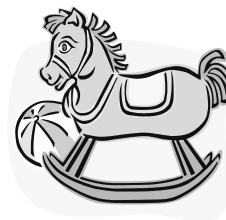


# Coastal COMMUNITY CHURCH

6406 George Washington Memorial Highway  
Yorktown, VA 23692  
757-867-5683

# Child Care Reimbursement Form



## Reimbursement Payable To:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
 Group Leader Name \_\_\_\_\_

## Child Care Reimbursement:

**OFFICE USE ONLY**

Today's Date \_\_\_\_\_  
 Requested by \_\_\_\_\_  
 Department \_\_\_\_\_

**Please submit a new form by the 25th of every month**

Small Group	Small Group Leader Signature	Date	# of Children	# of Hours	Amount
<b>Total Amount</b>					

## Reimbursement Chart

Number of Children	Hour of Event			
	1	1 1/2	2	2 1/2
1	\$ 7.00	\$ 10.50	\$ 14.00	\$ 17.50
2	\$ 8.00	\$ 12.00	\$ 16.00	\$ 20.00
3	\$ 9.00	\$ 13.50	\$ 18.00	\$ 22.50
4+	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00

I, \_\_\_\_\_  
 (your name)  
 understand that Coastal Community Church is not responsible for childcare and is released from any possible liability.  
 \_\_\_\_\_  
 (your signature)

Coastal will only reimburse up to 2 1/2 hours for small groups and will not reimburse for expenses over 60 days old.

Please mail this form to Coastal Community Church, Attn.: Child Care Reimbursement or turn in at the Connect Center.