

Child Care Reimbursement Form Community Life

Today's Date: ___/___/___

Parent Name: _____ Phone #: ___-___-___

Complete Address: _____

Community Group Attended: _____

			# Hours
Date(s): ___/___/___	Hours <u>Attended</u> : From ___ to ___ =		_____
Date(s): ___/___/___	Hours <u>Attended</u> : From ___ to ___ =		_____
Date(s): ___/___/___	Hours <u>Attended</u> : From ___ to ___ =		_____
Date(s): ___/___/___	Hours <u>Attended</u> : From ___ to ___ =		_____
Date(s): ___/___/___	Hours <u>Attended</u> : From ___ to ___ =		_____
Total:			_____

Child(ren)'s Name: _____ D.O.B. ___/___/___

_____ D.O.B. ___/___/___

_____ D.O.B. ___/___/___

_____ D.O.B. ___/___/___

I understand that I will be providing my own childcare for my children. Cedarcrest Church is not responsible for what takes place while at childcare. I also acknowledge that I will be receiving \$6.00 per hour for my first child and an additional .50 per hour for each additional child with a maximum of \$8.00 per hour and no more than 3 hours per week unless approved prior to an event. A check will be mailed to my house following the event.

Parent Signature Date

Child Care Approval Date