

Northway Church Childcare Reimbursement Form



Reimbursement payable to:

Name: _____

Address: _____

City _____ State _____ Zip _____

E-mail: _____

Name of Event or Home Team: _____

Is this request for an: Individual _____ Group _____

Instructions:
Please submit this form for reimbursement within 30 days of an event or the end of a calendar month in which a home team has met.

Email to:
childcare@northwaychurch.net

Or Mail to:
Childcare Director
5915 Zebulon Rd.
Macon, Ga. 31210

Childcare Use

Date of Event or Home Team Meeting(s)	# of Children	# of Hours	Rate based on chart below	Multiplied times # of sitters	Total Amount Due

Total: _____

Reimbursement Chart

Calculate the rate of reimbursement based on the amounts listed below. Multiply the dollar amount times the number of babysitters used.

# of Children	1 Hour	2 Hours	3 Hours
1	\$8.00	\$16.00	\$24.00
2	\$8.50	\$17.00	\$25.50
3	\$9.00	\$18.00	\$27.00
4 or more	\$9.50	\$19.00	\$28.50

For Office Use:
 Today's Date: _____
 Approved by: _____
 Total amount of check: _____