

Northway Church Childcare Reimbursement Form

Email:
 childcare@northwaychurch.net
 Or mail to:
 Northway Church
 Attn: Childcare Coordinator
 5915 Zebulon Road
 Macon, GA 31210
 Or fax: (478) 476-0959

Reimbursement Payable To:	
Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	Phone: _____
Email: _____	
Home Team Leader Name: _____	
Individual Request _____ or Group Request _____	

<i>Office Use Only</i>
Today's Date: _____
Requested By: _____
Total Amount of check: _____

Please submit your request for the calendar month. Only one request may be submitted per month. Requests must be submitted within 40 days of the first meeting of the month and will be processed by the 10th of the following month.

Date of Meeting	# of Children	# of Hours	Amount
Total			

Please use the chart below to calculate the amount you are requesting for 4 children or less.

# of Children	Hour(s) of Event = 1	Hours of Event = 2	Hours of Event = 3+
1	\$7.00	\$14.00	\$21.00
2	\$7.50	\$15.00	\$22.50
3	\$8.00	\$16.00	\$24.00
4	\$8.50	\$17.00	\$25.50

Please use the chart below to calculate the amount you are requesting for more than 4 children.

# of Babysitters	# of Children	Hour(s) of Event = 1	Hours of Event = 2	Hours of Event = 3+
1	4 or more	\$8.50	\$17.00	\$25.50
2	8 or more	\$17.00	\$34.00	\$51.00
3+	12 or more	\$25.50	\$51.00	\$76.50