*Reimbursement Form*

*Childcare*

# *Personal Information (check will be mailed here)*

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*State\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Small Group Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Instructions**: Provide information below and mail completed form to:

Mary Jo Williams, 2126 Tordelo Place, Apex, NC 27502

Or email to: maryjo@chathamchurch.org

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Name of Sitter | Number of Children | Number of Hours | Rate per Hour | Total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Reimbursement Scale**

1-2 Children $12.00/hour

3-4 Children $14.00/hour

5-6 Children $16.00/hour

7+ Children $18.00/hour