



Childcare Reimbursement Request Form

Group Leader's Name: _____

Reimbursement Payable to:

Submit this form monthly or at the end of the Growth Group semester.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Event/Group Name	Date	Number of Children	Number of Hours	\$ Amount
			Total:	

Hrs. of Event				
No. of kids	1	2	3	4
1	\$7.00	\$14.00	\$21.00	\$28.00
2	\$7.50	\$15.00	\$22.50	\$30.00
3	\$8.00	\$16.00	\$24.00	\$32.00
4	\$8.50	\$17.00	\$25.50	\$34.00

For individual sitters, please use the chart above. Group-sitting of 5 or more children will be paid at a rate of \$9/hour. You can put this in a joy box, give it to your group leader or mail it to 133 W 2nd St, Ottumwa.