

# Norris Ferry Community Church Childcare Reimbursement Form

1. Complete and return form within (30) days of the group meeting.
2. Have your Community Group Leader approve the form with signature.
2. Turn forms in to the Offering Collection.
3. Checks are issued and mailed at the end of each month.

Reimbursement payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Community Group Leader Name: \_\_\_\_\_

For individual sitters, please use chart below for reimbursement. You may pay the sitter more if you prefer; but we will reimburse according to this guide. Group sitting of 5 or more children will be paid at a rate of \$13 per hour.

# of Children	1 hour	2 hour	3 hour	4 hour
One	\$9.00	\$18.00	\$27.00	\$36.00
Two	\$10.00	\$20.00	\$30.00	\$40.00
Three	\$11.00	\$22.00	\$33.00	\$44.00
Four	\$12.00	\$24.00	\$36.00	\$48.00

Date: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Amount: \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

<b>Community Group Leader Signature</b>