



Childcare Reimbursement Policy & Form

Please note that this policy and the effectiveness of it will be evaluated on a semi-annual basis.

1. Parents are reimbursed at a set rate for the cost of an individual babysitter (see limits below)
2. Individual forms are to be completed after each group meeting by each person requesting reimbursement
3. Each form must be submitted to FBC within 15 days of the event
4. Checks will be mailed within 2 weeks of receipt of request
5. Reimbursement is given for authorized church ministries and events only

Please fill out one form per event.

Reimbursement Payable To:

Name: _____

Phone: _____ Cell: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Reimbursement:

Date: _____

To determine amount of reimbursement, please use the chart below:

# of Children	Hours of Event		
	1	2	3
1	\$5	\$10	\$15
2	\$6	\$12	\$18
3+	\$7	\$14	\$21

of Children: _____ Total Hours: _____ Total Amount: \$ _____