Warren Church Childcare Partial Reimbursement Form

Partial Reimbursement Forms must be signed and submitted within 30 days of the event & can only include one month's worth of meetings in order to receive reimbursement. Return completed forms to your Campus' Life Group Ministry Leader. If you have any questions email ***lifegroups@warren.church****.*

Make check payable to:_____Life Group & Warren Campus:_____

Mailing Address:_____City:_____State:_____Zip Code:_____

Life Group Leader Signature:_____ *Please refer to the the chart below for reimbursement rates.

No. of children	Hours of Event (3-hour limit)				
	1	**1.5**	**2**	**2.5**	**3**
1	$7.00	$10.50	$14.00	$17.50	$21.00
2	$7.50	$11.25	$15.00	$18.75	$22.50
3	$8.00	$12.00	$16.00	$20.00	$24.00
4	$8.50	$12.75	$17.00	$21.25	$25.50
5	$9.00	$13.50	$18.00	$22.50	$27.00
6	$9.50	$14.25	$19.00	$23.75	$28.50
7	$10.00	$15.00	$20.00	$25.00	$30.00
8	$10.50	$15.75	$21.00	$26.25	$31.50
9	$11.00	$16.50	$22.00	$27.50	$33.00
10	$11.50	$17.25	$23.00	$28.75	$34.50
11	$12.00	$18.00	$24.00	$30.00	$36.00

Please fill in the chart below for partial reimbursement total.

Date	**Hours**	**No. of children**	**Reimbursement amt**	Childcare Provider Signature
		Total:		

Name(s) of child(ren) in childcare: ***Note: We only reimburse for childcare of children ages 12 and under.**			
Last Name	**First Name**	**Age**	***Parent's Signature**

*Parent signature affirms presence of their children & acknowledgement that Warren Church is not affiliated with or held liable for any action or harm by childcare providers.

Account Number (STAFF ONLY):_____ Minister's Signature:_____