



Warren Augusta Childcare Reimbursement

All completed reimbursement forms must be submitted by the 10th of each month. Form must be submitted within 30 days of the latest event & can only include one month's meetings in order to receive reimbursement. EMAIL: lifegroups@warren.church // FAX #706.863.2458

Make check payable to: _____ Life Group: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please refer to the the chart below for reimbursement rates.

Date	Hours	No. of children	Reimbursement amt	Childcare provider signature*

Reimbursement Total:

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

Name(s) of child(ren) in childcare:	
Last Name	First Name

Parent Signature: _____

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