



SMALL GROUP CHILDCARE REIMBURSEMENT GUIDELINES

1. *Small Group Childcare Reimbursement Request* forms must be submitted within fourteen (14) days after attending the small group meeting to qualify for reimbursement.
2. Reimbursements are made at a set hourly rate for the cost of an individual childcare provider. See Reimbursement Chart on reverse side of this form.
3. Complete one (1) *Small Group Childcare Reimbursement Request* form for each small group meeting attended.
4. Mail your *Small Group Childcare Reimbursement* form to:

Pathway Church Mid County
P.O. Box 1287
Nederland, TX 77627

5. Reimbursement checks will be mailed within two (2) to four (4) weeks after receipt of the form.



Small Group Childcare Reimbursement Request

Reimbursement Check Payable To:

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Other Information Needed to Process Your Request

Date Attended Small Group	Number of Children	Number of Hours	Reimbursement Amount Requested
			\$
Name of Person Paid to Provide Childcare:			Amount You Paid:
			\$
Small Group Leader's Name:			

Reimbursement Chart

# of Children	1 Hour	2 Hours	3 Hours	4 Hours
1	\$7.25	\$14.50	\$21.75	\$29.00
2	\$7.75	\$15.50	\$23.25	\$31.00
3	\$8.25	\$16.50	\$24.75	\$33.00
4	\$8.75	\$17.50	\$26.25	\$35.00
5	\$9.25	\$18.50	\$27.75	\$37.00

Guidelines on Reverse Side