

SMALL GROUP CHILDCARE REIMBURSEMENT REQUEST

Reimbursement Guidelines

1. This form is for New Community Church members & attendees who are currently experiencing a financial hardship and need assistance with childcare while attending **one** small group (away from their home) per semester.
2. Fill out one form per month with the dates you attended each small group meeting during that month.
3. Refer to the chart provided for the set hourly rate so you can budget for childcare accordingly.
4. Submit form by the 15th of the following month to the address below. Checks will be mailed 2 to 4 weeks after receipt of the form.

Small Group Information

Name of Small Group	
Small Group Leader Name	
Campus You Attend	

Reimbursement Chart

	1 hour	2 hours	3 hours	4 hours
1 child	\$10.00	\$20.00	\$30.00	\$40.00
2 children	\$10.50	\$21.00	\$31.50	\$42.00
3 children	\$11.00	\$22.00	\$33.00	\$44.00
4 children	\$11.50	\$23.00	\$34.50	\$46.00
5 or more	\$12.00	\$24.00	\$36.00	\$48.00

Date attended Small Group:	# of Children:	# of Hours:	Amount requested: (See Chart Above)	Name of Childcare provider:
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Reimbursement Check Payable To:

Your Name _____
 Address _____
 City/Zip _____
 Phone _____
 Email _____

Mail this completed form to:

New Community
 Church
 P.O. Box 2078
 Mechanicsville, VA
 23116

For Office Use

Date Received _____ Date Approved for Processing _____ Initials (SGD/SGC) _____