

CHILDCARE REIMBURSEMENT

Purpose: To remove the financial barrier for those who otherwise would be unable to attend small group.



Childcare Reimbursement Policy

(Please note that this policy and the effectiveness of it is evaluated on a semi-annual basis)

1. Individual forms are to be completed after each group meeting by each family requesting reimbursement and must be submitted to CCCC within 10 days of the group meeting or the form will not be processed/paid.
2. Save this PDF form to your computer, fill out the required fields on your computer and email the completed PDF form to your Navigator.
3. If computer access is limited, a printed form can be requested from your Navigator and returned to the Navigator when completed. The Navigator will complete the form electronically and forward it to CCCC.
4. The Navigator will verify group attendance and forward the completed form to Sue Pruitt, CCCC Financial Assistant at spruitt@clearcreek.org.
5. Reimbursement is given for one small group meeting a week.
6. Checks are written Thursday or Friday and sent via U.S. postal service.

Childcare Reimbursement Form (Please fill out one form per event)

Reimbursement Payable to:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Group Navigator Name: _____

Reimbursement Amount:

Event Date: ____/____/____

of Children: ____ # of Hours: ____ Total Amount: \$ ____

NUMBER OF CHILDREN	NUMBER OF HOURS OF EVENT		
	ONE HOUR	TWO HOURS	THREE HOURS
1	\$7	\$14	\$21
2	\$8	\$16	\$24
3+	\$9	\$18	\$27