

# ECBC COMMUNITY GROUP CHILDCARE REIMBURSEMENT FORM

## IMPORTANT GUIDELINES

1. This form is to be submitted by the CG Leader or a designee to ECBC-Attn: Craig Harris/Carol Whiting.
2. Please submit ONE FORM PER MONTH for regular Community Group meetings. Childcare reimbursement is not available for fellowship gatherings outside of regular meetings.
3. Maximum reimbursement amount is \$40.00 per Community Group Meeting.
4. No requests beyond 30 days will be accepted for reimbursement.
5. Please read and acknowledge the complete CG Childcare Reimbursement Policy.

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CG Leader Name: \_\_\_\_\_

CG Leader (or Designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CG Pastor Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FUND	DEPARTMENT	GL CODE	Meeting Date(s)	# of Children	# of Sitters	AMOUNT
010	200	50120				
010	200	50120				
010	200	50120				
010	200	50120				
010	200	50120				
					<b>TOTAL:</b>	\$

I have read and understand the CG Childcare Reimbursement Policy.

**To calculate reimbursement amount for please use this worksheet.**

Maximum number of children for one sitter is five children. ECBC offers reimbursement for up to 2 sitters.

# of Children	\$ Amount for FIRST SITTER	# of Children	\$ Amount for SECOND SITTER
1	\$16.00	6	\$16.00
2	\$17.00	7	\$17.00
3	\$18.00	8	\$18.00
4	\$19.00	9	\$19.00
5	\$20.00	10	\$20.00

Please bring this form to the church office, or e-mail to [carolw@eastcooperbaptist.com](mailto:carolw@eastcooperbaptist.com)