**Centerbranch A/G**

Connect Groups Childcare

Reimbursement Guidelines

1. All Connect Groups Childcare Reimbursement Request forms must be submitted within 30 days after attending the Connect Groups meeting to qualify for reimbursement.

2. Reimbursements are made at a set hourly rate for the cost of an individual childcare provider in your home. See

Reimbursement Chart on reverse side of this form.

3. Complete one (1) Connect Groups Childcare Reimbursement Request Form for each Connect Group meeting. Please place completed form in Grant’s mailbox in the Copy Room.

4. If needed, you can mail your Connect Groups Childcare Reimbursement Request Form to:

 Centerbranch Assembly of God
 Attn: Grant Bowles
 2551 Buckhannon Pike

 Mount Clare, WV 26408

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

**Connect Groups Childcare Reimbursement Request**

**Name: Phone #:**

**OTHER INFORMATION NEEDED TO PROCESS YOUR REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date AttendedConnect Group** | **# ofChildren** | **# ofHours** | **Reimbursement Amount Requested** |
|   |   |   | $ |
| Name of individual paid toProvide childcare in your home: |   |   | $ AmountYou Paid: |
| Connect Group Leader’s Name:  |   |   |   |

**Reimbursement Chart**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Children** | **1 Hour** | **2 Hours** | **3 Hours** |
| 1 | $8.75 | $17.50 | $26.25 |
| 2 | $9.50 | $19 | $28.50 |
| 3 | $10.25 | $20.50 | $30.75 |
| 4 | $11 | $22 | $33 |
| 5 | $11.75 | $23.25 | $35.25 |
| 6 | $12.50 | $24 | $37.50 |

**SEE GUIDELINES ON REVERSE SIDE**

*FOR OFFICE USE ONLY:* Account #5-01-05

 *Request approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*