

Monthly Childcare Reimbursement Form

Harvest Time

3100 Briar Cliff Ave., Fort Smith, AR 72908

We understand that the expense of childcare can be a deterrent to participating in a Group. Because we are committed to removing as many obstacles as possible, Harvest Time reimburses groups at a predetermined rate for their childcare expenses, if needed.

NOTE: Please complete ALL information requested below. Submit ONE request PER MONTH
Request must be no more than 30 days from the last meeting

Reimbursement Payable to:

Name: _____

Mailing Address: _____

* reimbursement check will be mailed to this address

Phone: _____

E-mail: _____

Group: _____

Date of group meeting	# of children	Please use the following to determine the reimbursement amount to place in "TOTAL" column to right	TOTAL
wk1		# children: 1 Child 2 Children 3 Or More	
wk2		\$ amount: \$15.00 \$20.00 \$25.00	
wk3		*note reimbursement is based on numbers only, with a max of \$25	
wk4		and anticipates meetings lasting no longer than 2 hours	
wk5			
TOTAL reimbursement requested:			

Please remit this form in person at the information counter in the main lobby, the church office during business hours, or scan and email to: groups@harvesttime.net

Group Host Signature

Date

Groups Director

Date