



101 Village Ave,
Yorktown, VA 23693

Child Care Reimbursement Form



Reimbursement Payable To:

Name _____

Address _____

City _____ State _____

Zip Code _____ Phone # _____

Event:	Signature of Event Leader	Date:	# of Children	# of Hours	Amount
Total Amount					

Reimbursement Pricing Chart				
Number of Children	Hour of Event			
	1	1 1/2	2	2 1/2
1	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
2	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00
3	\$ 14.00	\$ 21.00	\$ 28.00	\$ 35.00
4+	\$ 15.00	\$ 22.50	\$ 30.00	\$ 37.50

I, _____
(your name)

understand that Coastal Community Church is not responsible for childcare and is released from any possible liability.

(your signature)

Coastal will only reimburse up to 2 1/2 hours for event child care and will not reimburse for expenses over 60 days

Please mail this form to Coastal Community Church, Attn.: Child Care Reimbursement or turn in at the front desk.