

COASTAL CHURCH

# Childcare Reimbursement Form

## Reimbursement Payable To:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

## FOR DESIGNATED COASTAL EVENTS

Name	Signature	Date	# of Children	# of Hours	Amount
<b>Total Amount</b>					

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

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

I, \_\_\_\_\_ understand that Coastal Church is not responsible for childcare and is released from any possible liability.

\_\_\_\_\_  
(your signature)

Please mail this form to Coastal Church or turn in at the Welcome Center.