



CHILDCARE REIMBURSEMENT FORM

The Childcare Reimbursement we provide is supplemental and is not meant to pay for the full cost incurred. **Reimbursement is only offered during official Life Group trimester dates.** Please mail or fax form to the James River Church Adult Ministries Department. You can expect payment within two weeks of submitting the form.

6100 N 19th St.
 Ozark, MO 65721
 417-581-5433 (office)
 417-582-0167 (fax)

REIMBURSEMENT MADE PAYABLE TO:

NAME: _____
ADDRESS: _____
CITY: _____ **ST:** _____ **ZIP:** _____
PHONE: _____

This is a new address.

PERSON REQUESTING CHECK:

PRINTED NAME: _____
SIGNATURE: _____

LIFE GROUP LEADER:

PRINTED NAME: _____
SIGNATURE: _____

OFFICE USE ONLY

TODAY'S DATE: _____

APPROVED BY: _____

ACCOUNT #: 82-100-52740

ATTENDANCE VERIFICATION: _____

Use the table below to request one or more dates.
 Remember: **The form must be complete and submitted within 30 days of the dates met.**

DATE:	NUMBER OF CHILDREN:	AMOUNT:
-----	-----	TOTAL:

REIMBURSEMENT CHART (PER MEETING) 21+ INCREASING \$2 PER CHILD

1	\$5.00
2	\$7.00
3	\$9.00
4	\$11.00
5	\$13.00

6	\$15.00
7	\$17.00
8	\$19.00
9	\$21.00
10	\$23.00

11	\$25.00
12	\$27.00
13	\$29.00
14	\$31.00
15	\$33.00

16	\$35.00
17	\$37.00
18	\$39.00
19	\$41.00
20	\$43.00

