



Life Group Childcare Reimbursement Form

Highland Hills is committed to helping people take their next step in Christ. One way someone grows in their relationship with Him is by connecting with a Life Group. Highland Hills believes so strongly in the importance of Life Group participation, the church will provide benevolent reimbursement to help supplement a family's expenses when paying for childcare while attending a group meeting.

Each Life Group will arrange its own childcare. The leader, or someone designated by the leader as Childcare Coordinator, is responsible for ensuring the childcare provider is fairly compensated and that each parent/couple gives toward the amount. The group leader or Childcare Coordinator should complete the following information and submit a reimbursement request to the church office by the thirtieth (30th) of each month.

Following are guidelines for requesting reimbursement:

- Life Group members assume all responsibility in securing their own childcare and providing fair compensation.
- Use the area below to provide information for each family who used childcare at the group host's home. If a member arranged care individually, also include the amount they paid. The total spent by the group should be included in the "Total Childcare Expenses" box.
- Life Groups will set the compensation rate for their childcare provider(s). The church will reimburse the group at the rate of \$25 per meeting for groups with one provider and \$40 per meeting for groups with two providers. Anything above that is a blessing from the group to the provider(s). A group may be reimbursed up to \$100 per month. Please note funds are limited and available on a first-come-first-served basis. Policy is subject to change.
- Submit one form per meeting. If the group meets multiple times and you use more than one form, submit them together. Requests are due to the church office by the thirtieth (30th) of each month.
- The reimbursement will be issued to the group's leader or Childcare Coordinator who will then distribute it to the group.

Meeting Date: _____ / _____ / _____

Parent Name(s) of Families Using Childcare	Number of Children Receiving Care	Amount the Family Spent on Childcare
John and Jane Sample	3	\$21
TOTAL CHILDCARE EXPENSES:		

Childcare Provider(s): _____

Reimbursement Payable To:

Name: _____

Address: _____

Phone: (_____) _____ Email: _____

Date of Request: _____ / _____ / _____ Life Group Leader's Name: _____

For Office Use Only		
Date Received: _____ / _____ / _____	Reimbursement Amount: \$ _____	Approved by: _____