

Childcare Reimbursement Form For Calvary Assembly Life Groups

Why We Believe In Reimbursement for Life Groups

Community is a big deal to us. We believe Christ-centered community has the possibility of changing lives – including yours! We believe in life groups so strongly that we are willing to remove any barrier we can think of to ensure you can be a part of a small group. We are grateful you are interested or currently participating in a life group – and we’re believing and praying for your spiritual growth!

Reimbursement Process & Policy

1. This reimbursement policy applies only to gatherings with an official small group of Calvary Assembly.
2. Parents schedule and pay their own babysitter themselves.
3. Parents are reimbursed at a pre-determined rate in order to help offset the cost of an individual babysitter (see reimbursement rates below).
4. Reimbursement forms are available at www.rcalvary.org/lifegroups
5. Individual forms are to be filled out after each group meeting by the family requesting reimbursement. The form must be signed by the group leader, Pastor Jonathan, Pastor Bob, or Gabe Weiler (church administrator).
6. Parents are to return the completed forms either to the black mail bin outside the church office door or emailed to jonathan@rcalvary.org
7. Each form must be submitted within 30 days of the group meeting.
8. Checks are issued and mailed within 3 weeks of receipt of request. Please contact us if this does not happen.
9. No more than 3 reimbursement requests can be made per month, per family.

| Childcare Reimbursement Rates | | | |
|-------------------------------|--------------|--------------|--------------|
| # of Children | 1 Hour Event | 2 Hour Event | 3 Hour Event |
| 1 | \$10.00 | \$20.00 | \$30.00 |
| 2 | \$11.00 | \$22.00 | \$33.00 |
| 3 | \$12.00 | \$24.00 | \$36.00 |
| 4 | \$13.00 | \$26.00 | \$39.00 |

Group sitting of 5 or more children will be paid at a rate of \$12 per hour.

| <i>Small Group Leader's Name</i> | <i>Date of Event</i> | <i># of Children</i> | <i># of Hours</i> | <i>Amount</i> |
|----------------------------------|----------------------|----------------------|-------------------|---------------|
| | | | | |

Reimbursement Payable To:

Name _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Phone # _____

Group Leader / Pastor Signature _____

Group Leader / Pastor Printed Name _____