

# Childcare Reimbursement Form for Calvary Assembly

## Why We Believe In Reimbursement for Groups

Community is a big deal to us. We believe that over time, Christ-centered community changes lives – including yours! We believe in 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. That is why it is our JOY to be able to help cover some (or all) of the costs of childcare for you to meet. God-centered conversations are so important – and we’re glad you’re pursuing that for your life.

## Reimbursement Process & Policy

1. This reimbursement policy applies only to groups that are an official ministry of Calvary Assembly.
2. Parents schedule and pay their own babysitter themselves.
3. Parents are reimbursed at a pre-determined rate to help offset the cost of an individual babysitter (see reimbursement rate below).
4. Reimbursement forms are available at [rCalvary.org/childcare](http://rCalvary.org/childcare)
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 Phil Lepore (church administrator).
6. Parents are to return the completed forms to the black mail bin outside Phil’s office door (first hallway on the right of the staff area) or emailed to [Phil@rcalvary.org](mailto:Phil@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 4 reimbursement requests can be made per month, per family.
10. **The childcare reimbursement rate is \$15/hr.** If applicable, you can include your drive time (up to 30 minutes either direction).

<i>Small Group Leader's Name</i>	<i>Event</i> <i>(ex/ "Smith small group")</i>	<i>Date of Gathering</i>	<i># of Hours</i>	<i>Amount for Reimbursement</i>

## Reimbursement Payable To:

Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

Group Leader / Pastor Signature \_\_\_\_\_

Group Leader / Pastor Printed Name \_\_\_\_\_