

Date of Meeting: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Group Childcare Coordinator: \_\_\_\_\_

Name of Baby Sitter: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Total Paid: \_\_\_\_\_

**BPC LIFE GROUP CHILDCARE REIMBURSEMENT POLICY:**

1. Reimbursement is made through the childcare coordinator at the rate set for the cost of an individual childcare provider shown in the table below. If you choose to utilize childcare reimbursement, the childcare provider must be paid according to the set reimbursement rate.
2. Each group is capped at \$750.00 per fiscal (July 1-June 30) year. Prorated depending on when your group begins in the year. Checks are issued and mailed within two weeks of request.
3. Each group must designate a group childcare coordinator who will complete the reimbursement form that can be downloaded and completed digitally from [bidwellpres.org/lifegroups](http://bidwellpres.org/lifegroups).
4. Reimbursement forms are to be filled out and submitted within seven days of the group meeting to Patty Davidson – [pdavidson@bidwellpres.org](mailto:pdavidson@bidwellpres.org) or turn in at the church office during business hours.
5. Cancellation Policy: Childcare reimbursement will not be paid if childcare did not occur for group meeting. If cancellation occurs, groups may choose to pay childcare themselves.

CHILDCARE REIMBURSEMENT CHART		
Number of Children	Hours of Event	
	1	2
1	\$12.00	\$24.00
2	\$12.50	\$25.00
3	\$13.00	\$26.00
4	\$13.50	\$27.00
Group childcare for 5 or more children will be paid at a rate of \$14.00 per hour		

***For Office Staff Use***

***Request received:*** \_\_\_\_\_

***Requested Amount*** \_\_\_\_\_ ***Check#*** \_\_\_\_\_ ***Line Item: 563503***

***Life Group Coordinator Authorization:*** \_\_\_\_\_

***Amount Reminding For the Group:*** \_\_\_\_\_ ***(Emailed to Group Coordinator)***