

Hope City Church CHILD CARE REIMBURSEMENT

Reimbursement Payable to:

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Name of Small Group _____

Reimbursement Chart			
# of Children	1-5	6-10	+ 10
Reimbursement (2.5 hours is maximum reimbursed)	1 Babysitter @ \$10 per hour \$25 total	2 Babysitters @ \$10 per hour \$50 total	Contact l.bailey@hopecityflorida.com

	Date	# of Children	Reimbursement Amount
<i>Small Group Meeting</i>			
<i>Small Group Meeting</i>			
<i>Small Group Meeting</i>			
<i>Small Group Meeting</i>			
<i>Small Group Meeting</i>			

Please fill out ONE form per month. Form must be submitted within 60 days of last meeting.
No reimbursement is provided for any week the group does not meet or when there is a scheduled HCC Small Group break.

Please submit this form in any of the collection boxes at Hope City Church or email to:
l.bailey@hopecityflorida.com