



Waters Edge Church
 P.O. Box 8147 Yorktown, VA 23693
 757.867.7378 www.watersedgechurch.net

Childcare Reimbursement

Office Use Only

Today's Date _____

Requested By _____

Reimbursement Payable To:

Name _____

Address _____

City _____ State _____

Zip _____ Phone # _____

Group Leader Name _____

Please submit a new form every 30 days

Community Group	Community Group Leader Signature	Date	# of Children	# of Hours	Amount
Total Amount					

Reimbursement Chart				
Number of Children	Hours of Event			
	1	1 1/2	2	2 1/2
1	\$7.00	\$10.50	\$14.00	\$17.50
2	\$7.50	\$11.25	\$15.00	\$18.75
3	\$8.00	\$12.00	\$16.00	\$20.00
4	\$8.50	\$12.75	\$17.00	\$21.25

Waters Edge will only reimburse up to 2 1/2 for community groups.

I, _____ (your name)
 understand that Waters Edge Church is not responsible for childcare and is released from any possible liability.

 (your signature)

Please mail this form to the attention of Childcare Reimbursement.