

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.
4. Reimbursement forms are to be filled out and submitted within seven days of the group meeting to Susan Kimball – skimball@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#** _____

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