



**GRACE**  
FELLOWSHIP

**Small Groups**  
Childcare Reimbursement Form

**Small Group:** \_\_\_\_\_

**SG Childcare Coordinator's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

*Childcare workers are to be compensated \$20-\$25 per night. We ask that parents using SG childcare contribute \$3/child /night to a maximum of \$9/family/night. The Childcare Coordinator is to cover the difference paid to the Worker, recording below how much they need to be reimbursed. Then, please send this completed form to David Michael to request reimbursement, which will be paid on the first of the month. Thanks for serving!*

Email: [DavidMichael@graceky.org](mailto:DavidMichael@graceky.org)

Date	Childcare Worker's Name	Number of Children	Hours Worked	\$ Amount Contributed by Parents	\$ Amount Paid to Worker	\$ Amount outstanding to be paid to Childcare Coordinator
<b>Total:</b>						