GRACE
COMMUNITY CHURCH

Small Group Childcare Reimbursement

Childcare assistance is limited to $25 a week per family. Please indicate the amount of weekly assistance you are requesting. Requests are processed at the end of each month.

Instructions for processing your childcare reimbursement request:

1. All blanks must be completed in order to process your request.
2. Submit the completed request monthly, and no later than 10 days after the end of each month. Submit one form per month to **scottw@gcc.org**
3. You can expect your reimbursement check within 2 to 3 weeks from the date of submission.

_____
Name

_____
Street Address

_____
City   Zip Code

_____
Email

_____
Name of your Small Group leader & Campus

_____
Day & Time your Group meets *(ie: Tuesday / 7pm))*

_____
Signature

Date(s) you used childcare this month:

1. _____

2. _____

3. _____

4. _____

5. _____

# of children being cared for?   _____

Weekly assistance requested? $ _____
(ie: $25, $20, $15, etc…)

Requested monthly total: $ _____

_____
Date of this request

_____
_____

Accounting Code: ____160-5054325____   Approved by: _____