



Childcare Reimbursement Form

Name: _____

Date: _____

Address: _____

Phone: _____

City/State/Zip: _____

Summit Point Staff Signature: _____

Date: _____

Reimbursement Chart				
Number of Children	1 Hour	2 Hours	3 Hours	4 Hours
1	\$8.00	\$16.00	\$24.00	\$32.00
2	\$10.00	\$20.00	\$30.00	\$40.00
3	\$12.00	\$24.00	\$36.00	\$48.00
4	\$14.00	\$28.00	\$42.00	\$56.00
5+	Use Multiple Babysitters			

Event	Date	# of Children	# of Hours	Amount Due
				\$
				\$
				\$
				\$
				\$

Reimbursement Payable To: _____

Summit Point Church
401 Cimmaron Drive
East Peoria, IL 61611
309.713.1700 www.summitpoint.org

_____ / _____ Dept. Account
