Rez Groups Childcare Reimbursement Form

Reimbursement Check Made Payable To:

First/Last Name

Address

City/State/Zip

Phone

Please Complete All Information

Group Leader's Name	Meeting Date
Childcare Worker's Name	
Childcare Worker's Phone #	Age (recommend 14 or older)
Childcare Worker's Address /City / Zip	
Amount Paid $	
Reimbursable Amount: (See Chart) $	
Signature of Worker	Date
Signature of Group Leader	Date

Rate

$10.20 / hour + $0.50/hr each additional child		
# Kids	2 hrs	3 hrs
1	$20.40	$30.60
2	$21.40	$32.10
3	$22.40	$33.60
4	$23.40	$35.10
5	$24.40	$36.60
6	$25.40	$38.10

Colorado Department of Human Services recommends childcare workers not exceed the following ratio for home child care.

Age Range	Ratio For Family Child Care
All ages	(1:6)

Rez Groups Childcare Reimbursement Form (cont)

Please Complete All Information

Parent's Full Name	Child's First Name	Child's Age

Form Submission Process.

The submission of this form is the responsibility of the parent(s) seeking reimbursement.

Please complete the requested information and have the form signed by the worker who provided the child-care, and the group leader of the small group you attended.

Once complete, the form can be returned to the church office during business hours. During weekend services the form can be returned to the Information Desk.

Payment will be mailed to address provided on the front of the form.