

# MERCY HILL CHURCH CHILD CARE REIMBURSEMENT FORM

Name: \_\_\_\_\_

Community Group: \_\_\_\_\_

Monthly Total: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Date:	# of children:	# of sitters:	Weekly Total:

\_\_\_\_\_ (Your Signature)                      \_\_\_\_\_ (Community Group Leaders Signature)

Mercy Hill will reimburse \$10 per hour for each babysitter that is needed for a Community Group (with a maximum of 2 hours per night). Below are the suggested ratios for the number of babysitters per kids.

**Number of Child Care Providers:**

1 child care provider (1-4 kids): 1 child care provider for 2 hours would be a reimbursement total of \$20.

2 child care providers (5+ kids): 2 child care providers for 2 hours would be a reimbursement total of \$40.

\*All completed child care reimbursement forms must be submitted online to [invoice@mercyhillgso.com](mailto:invoice@mercyhillgso.com) by the last day of the month. **Forms filled out more than 30 days after the final day of the preceding month will not be accepted.**