

CHILDCARE BENEVOLENCE FORM

If the cost of childcare is a hindrance to your participation in a small group and you have explored other possible childcare solutions, then we encourage you to use our childcare reimbursement for small groups. Please note that Hope is not responsible for your children, childcare provider or property if you are to use this benevolence program.

Directions: 1. Please fill out ONE form per month. 2. Form must be submitted within 45 days of event.

Please make reimbursement check payable to:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

E-Mail _____

Small Group Leader Name _____

Please check the following boxes:

- I have explored other possible solutions to childcare that would allow me to meet in a small group (please see posted childcare solutions on Hope's website), and in-home childcare is the best solution that works for my family.
- Without this reimbursement program, I would not be able to participate in a group at this time.
- The reimbursement is for a childcare provider I chose.

Reimbursable amount per meeting

DATE OF SMALL GROUP	NUMBER OF CHILDREN	TOTAL	
			1
			2
			3
			4+
	TOTAL FOR MONTH		

Signature _____ **Date** _____

Sally Johnson Approval _____ **Date** _____

Brad Houff Approval _____ **Date** _____

Please drop off this form to Sally Johnson at HOPE Church or scan and e-mail this form to sjohnson@hopecentral.com. Reimbursement checks are usually processed within three weeks.