



VantagePoint
CHURCH
Small Group Child Care Reimbursement Form

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Small Group Name _____

Childs Name

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____

Please fill out a form each week and put it in the offering bucket.

A reimbursement check will be sent to the person listed on the form after the last Sunday of each month.

You will be reimbursed \$10.00 per week for 4 - 7 children and \$20 per week for 8 or more children.