FOR OFFICE USE ONLY: Submittal Date:					
Requested By:					
Department:					
Account:					

CENTURY BAPTIST CHURCH
a place to grow
205 Colt Avenue
Bismarck, North Dakota 58503
Phone: 701.223.0478
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www.centurybaptist.org

## CHILDCARE REIMBURSEMENT FORM For Community Life Group Ministry

## **Reimbursement Pavable To:**

Please complete th Return Users: Pro	-		-	-		tion of Pastor I	Paul Herr.		
Name:						Information is on file (Proceed to next section)			
Address:									
City:		Stat	te:			Zip:			
Phone Number:				Co	ell Number:				
E-Mail:									
Group Leader:									
Ministry Event Reimbursement fo		submitted u	vithin 30 d	ays of ever	ıt.				
Ministry Event:					ъ.	Number of	Number	<b>A</b> .	
(Community Life Group, Starting Point, Link-up, etc.)					Date:	Children:	of Hours:	Amount:	
Childcare Rein For babysitters rate			low.						
Number of		Ministry Event Duration:							
Children	1 Hour	1.5 Hours	2 Hours	2.5 Hour					
1	\$5.00	\$7.50	\$10.00	\$12.50					
2	\$5.50	\$8.25	\$11.00	\$13.75					
3	\$6.00	\$9.00	\$12.00	\$15.00					

\$10.50

\$14.00

\$17. 50

\$7.00