



CHILDCARE REIMBURSEMENT FORM

The Childcare Reimbursement we provide is supplemental and is not meant to pay for the full cost incurred. **Reimbursement is only offered during official SNL Group dates.** Please email or fax form to Crosspoint Church. (ksmith@thecrosspoint.com) You can expect payment within two weeks of submitting the form.

**5001 Little Rock Rd
St. Louis, MO 63128
Fax: 314-892-5067**

REIMBURSEMENT MADE PAYABLE TO:

NAME: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 PHONE: _____

This is a new address.

PERSON REQUESTING CHECK:

PRINTED NAME: _____
 SIGNATURE: _____

LIFE GROUP LEADER:

PRINTED NAME: _____
 SIGNATURE: _____

OFFICE USE ONLY

TODAY'S DATE: _____

APPROVED BY: _____

GL# 1-560810

ATTENDANCE VERIFICATION: _____

Use the table below to request one or more dates.
 Remember: The form must be complete and submitted within 30 days of the dates met.

DATE:	NUMBER OF CHILDREN:	AMOUNT:
-----	-----	TOTAL:

REIMBURSEMENT CHART (PER MEETING) 21+ INCREASING \$2 PER CHILD

1	\$5.00
2	\$7.00
3	\$9.00
4	\$11.00
5	\$13.00

6	\$15.00
7	\$17.00
8	\$19.00
9	\$21.00
10	\$23.00

11	\$25.00
12	\$27.00
13	\$29.00
14	\$31.00
15	\$33.00

16	\$35.00
17	\$37.00
18	\$39.00
19	\$41.00
20	\$43.00