

CHILD CARE VOUCHER

NAME:

ADDRESS:

CITY/ST/ZIP:

MEETING DATE (MM/DD/YYYY):

Number of children (per hour): One Child=\$ 5.00 Two Children=\$ 9.00 Three Children=\$ 12.00

of children = _____ # of hours (up to 2 hrs) = _____ Total reimbursement = _____

PARTICIPANT SIGNATURE

SMALL GROUP LEADER SIGNATURE



Office Use Only:

Check #: _____

Reimbursement Sent: _____

Initials: _____