

**HARVEST  
BIBLE  
CHAPEL  
PEORIA**

Childcare  
Reimbursement  
Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

HBC Peoria Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Reimbursement Chart</b>				
<b>Number of Children</b>	<b>1 Hour</b>	<b>2 Hours</b>	<b>3 Hours</b>	<b>4 Hours</b>
1	\$8.00	\$16.00	\$24.00	\$32.00
2	\$10.00	\$20.00	\$30.00	\$40.00
3	\$12.00	\$24.00	\$36.00	\$48.00
4	\$14.00	\$28.00	\$42.00	\$56.00
5+	Use Multiple Babysitters			

<b>Event</b>	<b>Date</b>	<b># of Children</b>	<b># of Hours</b>	<b>Amount Due</b>
				\$
				\$
				\$
				\$
				\$

Reimbursement Payable To: \_\_\_\_\_

Harvest Bible Chapel Peoria  
401 Cimмерon Drive  
East Peoria, IL 61611  
309.713.1700 www.harvestpeoria.org

_____ / _____ Dept.                      Account
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