

CHILDCARE SUPPLEMENT FORM

Supplement Payable to:	
Name _____	
Address _____	
City _____	State _____
Zip _____	Phone # _____

Please fill out ONE form per event.

Account Number	Ministry Team Event (Lifeteam, Synergy, etc.)	Date of Event	# of Children	# of Hours <small>(Max of 2hrs)</small>	Amount Paid to Sitter
3010-20					

Please use the chart below.

Individual Supplementation Chart		
Number Of Children	Hours of Event	
	1	2
1	\$ 7.00	\$ 14.00
2	\$ 7.50	\$ 15.00
3	\$ 8.00	\$ 16.00
4	\$ 8.50	\$ 17.00

The church will supplement the childcare expense for one sitter per every four children. The exceptions to this policy are for infants (up to age 1) and/or special needs children.