



CHILD CARE REIMBURSEMENT FORM

Purpose: This form is completed by parents to get reimbursed for child care provided while the parents attended the statewide Parent Collaboration Group Meeting.

Directions: After completing this form, please place in the self-addressed envelope and send to the state office Parent Program Specialist for processing.

CHILD CARE INFORMATION

Location of the statewide Parent Collaboration Group Meeting I attended where the child care was provided:

Dates of the child care,
From:

To:

Name of the caregiver I compensated for child care:

Name of my child or children who were cared for:

Amount I compensated the caregiver for the child care services:
\$

SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

I attest I received the payment stated above as
compensation for providing child care for the named child
or children.

Child Care Provider :

X

Date Signed: