

Off-Campus Small Group Reimbursement Childcare Voucher

P.O. Number: 35548

Account Number: 500/70155

Payee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Event/Small Group: _____ Date: _____ Total hours: _____

Babysitter Name: _____

Off-campus Small Group host homes should complete the top of this form and submit to:

Preschool Childcare Coordinator
The Church at Brook Hills
3145 Brook Highland Parkway
Birmingham, Alabama 35242
mary.cannon@brookhills.org
205.313.7709

**** All requests must be received within 30 days of the event to be reimbursed ****

All requests received by Monday at 5:00 p.m. will be processed and mailed to the requestor within two weeks.

All requests will be reimbursed to the payee at the following rates per small group:

- \$15 per week up to three children
- \$20 per week for four or more children

Only one voucher per week, per Small Group will be reimbursed to the payee.

Submitted by _____ Amount \$ _____

Approved by _____



3145 Brook Highland Parkway Birmingham, AL 35242
205.313.7777 phone 205.313.7778 fax