

# Off-Campus Small Group Reimbursement Childcare Voucher

P.O. Number: 31231

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