



PARENT REQUEST FOR CHILD CARE REIMBURSEMENT

Site: _____

Parent Name: _____

Mailing Address: _____

Date(s) Child Care Provided	Child(ren)'s Name	Reason for Child Care	Child Care Provider Name (please print)	Number of Hours	Per Hour Rate

Total Reimbursement for this Request: \$ _____

I certify that I provided child care as listed above

I certify that the provider above provided child care for my child(ren)

Signature of Child Care Provider Date

Signature of Parent Date

Site Staff Approval Date

Director Approval Date

OESD Charge Account Code(s): _____
