General Membership Meeting Child Care Reimbursement Form

Guidelines: The following are the guidelines for child care reimbursement for general membership meetings. Please read carefully.

- Child care reimbursement is provided only to legal dependents of WPOSC members under the age of 13 or older dependents who require special care.
- Child care will be reimbursed at no more than the current CDC rate per hour. As of 1 March 2021, the rate is $4.25 per hour per child.
- Child care reimbursement will be for no more than two (2) children.
- Child care reimbursement can be requested no more than two (2) times per year.
- Child care reimbursement will not be given to cover the cost of programs in which children are already enrolled (i.e. –Preschool, Parents’ Morning Out, etc.)
- Child care reimbursement will not be given to cover the cost of care provided by another dependent of the WPOSC member.
- Child care reimbursement will be given to cover a 2 hour general membership meeting and up to 30 minutes of travel time to and from for a total of 3 hours maximum.
- Child care reimbursement forms MUST be submitted for attendance verification to the Reservations Chair at reservations@wrightpattersonosc.org within 48 hours of the end of the general membership meeting. No exceptions will be made.
- Once attendance has been verified, the Admin Treasurer will write and mail the check. There is a limited child care reimbursement budget and it will be given out on a first come, first served basis. Reimbursement is based on the current budget and is not guaranteed.

Member Name:

Address:

Phone Number:

Email Address:

Event Attended:

Event Date:

1 or 2

Number of Children?

Total Time Requested

YES NO Have you requested child care Reimbursement for another Membership Meeting this year?

If yes, how many times? For What Date?

Signed & Dated:

For Administrative Use Only:

<table>
<thead>
<tr>
<th>Attendance Verified: Y or N</th>
<th>Reservations Signature</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
<td>Approved □ Denied □</td>
<td>Treasurer Signature</td>
<td>Date:</td>
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<tr>
<th>Date Paid:</th>
<th>Check #:</th>
<th>Initials:</th>
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<tr>
<th>Mailed? Yes □ No □</th>
<th>Signature:</th>
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