



WPSC CHILDCARE REIMBURSEMENT

THE WRIGHT-PATTERSON SPOUSES' CLUB

Member Name: _____ Meeting Attended: _____ Meeting Date: _____

Address: _____

Phone Number: _____ Email Address: _____

Number of Children (select one): 1 2 Total Time Requested (in hours): _____

Signature: _____ Date: _____

The following are the guidelines for childcare reimbursement for BOG, Executive Committee, and permanent committee meetings. Please read carefully before submitting this form.

• **General Guidelines:**

- Childcare reimbursement is provided only to legal dependents of WPSC members under the age of 13 or older dependents who need special care.
- Childcare will be reimbursed at the current CDC hourly rate. As of 14 March 2023, the rate is **\$8.00** per hour per child.
- Childcare reimbursement will be for no more than two (2) children.
- Childcare reimbursement will not be given to cover the cost of programs in which children are already enrolled (i.e. CDC, preschool, Parent's Morning Out, etc.)
- Childcare reimbursement will not be given to cover the cost of care provided by another dependent of the WPSC member.
- See below for meeting-specific instructions. 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 on a first come, first serve basis. Reimbursement is based on the current budget and is not guaranteed.

• **BOG/Permanent Committee Meetings:**

- Childcare reimbursement will be given to cover a 1.5 hour BOG/Permanent Committee meeting and up to 30 minutes of travel time to and from for a total of 2.5 hours maximum.
- Childcare reimbursement forms **MUST** be submitted for attendance verification to the Secretary at secretary@wrightpattersonsc.org within 48 hours of the end of the BOG/Permanent Committee meeting. **No exceptions.**

For Administrative Use Only		
Attendance Verified: <input type="checkbox"/> Y <input type="checkbox"/> N	Secretary Signature	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Admin Treasurer Signature	Date:
Date Paid:	Check #:	Initials:
Mailed: <input type="checkbox"/> Y <input type="checkbox"/> N	Signature	Date: