Big Sandy Community Action Program
Head Start

230 Court Street • Paintsville, KY 41240
606 789-1600 *phone* • 606-789-5192 *fax*

Reimbursement Request for Babysitting Services

I, _____ , provided babysitting services for
(Name of Provider)

_____ while he/she attended: (Check One)
(Name of Parent)

_____ Policy Council Meetings
_____ GED/Literacy Classes

Date	Time Left	Time Returned	*Number of Hours	Number of Children	*Amount

Total Amount $ _____

Signature of Provider: _____ Date: _____

Signature of Parent: _____ Date: _____

Address of Parent: _____

_____

Grantee Approval**:** _____ Date**:** _____

Reimbursement for babysitting will be as follows: **Up to 5 hours = $20.00 per child**
Over 5 hours = $25.00 per child

Revised 7/2015