

**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**