

**COMMUNITY ACTION OF SOUTHEAST IOWA
HEAD START**

Child Care Expense Reimbursement Form

Reimburse _____ for child care expenses
incurred by _____ while he/she attended
_____ on _____ 20_____
for _____ hours @ _____ per hour. Number of children _____.

Total _____

Parent Signature

Family Specialist Signature

Child Care Provider Signature

Child Care Provider Address