

## Child Care Payment Reimbursement Tracking Form

**Use this form to help track the families that you will reimburse with these grant funds.  
Please keep with your records for 4 years. You do not need to submit this form to us.**

**Reimbursement Month:**

Family name: \_\_\_\_\_

Number of children by age group:

0-2 years: \_\_\_\_\_

3+ years: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

30% of payment: \$ \_\_\_\_\_

Date applied to Family's bill: \_\_\_\_\_

Family name: \_\_\_\_\_

Number of children by age group:

0-2 years: \_\_\_\_\_

3+ years: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

30% of payment: \$ \_\_\_\_\_

Date applied to Family's bill: \_\_\_\_\_

Family name: \_\_\_\_\_

Number of children by age group:

0-2 years: \_\_\_\_\_

3+ years: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

30% of payment: \$ \_\_\_\_\_

Date applied to Family's bill: \_\_\_\_\_