**Child Care Reimbursement Statement**

Some parents have requested a monthly statement to turn in to their employer for child care reimbursement. Please check the appropriate statement.

 \_\_\_\_\_\_\_I **will need** a monthly statement for reimbursement.

 \_\_\_\_\_\_\_I will **NOT** need a monthly statement for reimbursement.

**Cot Sheet Fee (Preschool full day students only)**

We have a cot sheet fee of $10.00 per child. This covers your child for the entire duration at Advent.

 \_\_\_\_\_\_\_\_Cot sheet fee paid.

**E-mail Address**

E-mail address most used by parents and/or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy or Medical Condition**

\_\_\_\_\_My child does not have a medical condition, allergies, or food allergies.

\_\_\_\_\_My child had a medical condition, allergies, or food allergies. I will provide a picture of my child for the purpose of posting that picture and my child’s condition for all employees to refer to; which is in the best interest of my child. My signature gives permission for the posting of that picture.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s Name)

(Parent’s Signature)