

**UCPEA CHILD CARE REIMBURSEMENT FUND
APPLICATION**

Return your **completed application, UCPEA reimbursement receipt and itemized receipts** via email to UCPEA at ucpeaoffice@ucpea.org. If you used more than two childcare providers, please fill out an additional application form. Online virtual camps, registration fees and deposits are not eligible for reimbursement.

Time period covered (circle one):
January - April (17 weeks) (Due May 15)
May – August (18 weeks) (Due September 15)
Sept. – December (18 weeks) (Due January 15)

- **NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE**

If the deadline falls on a weekend and/or holiday, the application will be accepted on the next business day

Information about you

Name: _____

Employee # _____ Full-time _____

Work Phone _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Information about your child care provider(s)

1) Child care provider's name _____

Address _____ City, State, Zip Code _____

State license number _____ Phone number _____

Child(ren)'s name and birthdate _____

Amount submitted for reimbursement _____

2) Child care provider's name _____

Address _____ City, State, Zip Code _____

State license number _____ Phone number _____

Child(ren)'s name and birthdate _____

Amount submitted for reimbursement _____

TOTAL AMOUNT SUBMITTED FOR REIMBURSEMENT _____

_____ Signature

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false statement may disqualify me from any childcare reimbursement benefits.