

## Private Child Care Chit

Volunteer Name	_____	<b>Date</b>	_____
# of Children	_____	<b>Time: From</b>	<b>To</b>
		_____	
		<b>Total volunteer hours</b>	
Child Care Organization or Babysitter Name	_____		
Child Care Contact Phone Number	_____		
Rate paid to child care	_____		
Amount of reimbursement	_____		

***OSC reimburses up to the CDC rate of \$3 per child per hour up to 5 hours  
If being reimbursed for child care received from an organization, please  
attach receipt of payment  
Check payments for private sitters will be written to the sitter him/herself***

---

## Private Child Care Chit

Volunteer Name	_____	<b>Date</b>	_____
# of Children	_____	<b>Time: From</b>	<b>To</b>
		_____	
		<b>Total volunteer hours</b>	
Child Care or Babysitter Name	_____		
Child Care Contact Phone Number	_____		
Rate paid to child care	_____		
Amount of reimbursement	_____		

***OSC reimburses up to the CDC rate of \$3 per child per hour up to 5 hours  
If being reimbursed for child care received from an organization, please  
attach receipt of payment  
Check payments for private sitters will be written to the sitter him/herself***