



Idapei • Learning Disabilities Association of PEI

The right to learn, the power to achieve

Empower & Enhance: Practical Strategies to Improve Executive Functioning

BABYSITTING REIMBURSEMENT FORM

Babysitting will be reimbursed at the rate of \$10 per hour up to a maximum of 3 hours.

Name: _____

Date of event: _____

Home address: _____

*I have (no. of children) _____ children under 12 who need a babysitter.

Children's names and ages: _____

Please circle the appropriate hours for reimbursement: 2 hrs. 3 hrs.

(*Babysitting cost is for one (1) babysitter for 2 hrs. if within Charlottetown/Stratford; 3 hrs. if outside Charlottetown/Stratford, regardless of the number of children.)

Signature: _____