Childcare Subsidy Form

ASSOCIATION of AMERICAN GEOGRAPHERS

2014 Joint SWAAG-GPRM Regional Meeting
October 23-25, 2014
Albuquerque, NM

The AAG will provide limited reimbursement to registered attendees to subsidize part of the necessary child care expenses incurred during the meeting at a licensed child care agency up to a maximum of $150. Subsidy forms should be submitted to the conference chairs after the meeting along with original receipts that clearly show the hourly or daily rate and the number of hours for each day. The conference chairs will collect all subsidy requests and forward them to AAG who will process the requests and issue a check that will be mailed to you. Total reimbursement is limited to $150 per family. After the conference, please mail this form and all receipts to:

SWAAG-GPRM 2014 Childcare Subsidy Program
Department of Geography, Kansas State University
118 Seaton Hall
Manhattan, KS 66506-2904 USA

Reimbursement is only available for childcare on-site in Albuquerque. No reimbursement is made for childcare at your home while you are in Albuquerque or for childcare provided by anyone other than a licensed childcare agency. All childcare arrangements should be made by the individual attendee. A list of licensed childcare providers is maintained by the New Mexico Children, Youth, and Families Department (https://www.newmexicokids.org). Parents can use the customized search tool online or call the free referral service for assistance finding a suitable childcare provider at 1-800-691-9067. The conference chairs do not endorse, recommend, or promote any one agency. Responsibility for selection and investigation of an agency's credentials is the sol responsibility of the child's parent or guardian.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Name of Childcare Agency: _____

Phone Number of Childcare Agency: _____

Tax ID of Childcare Agency: _____

Number of Hours to be Reimbursed: _____ Hourly Rate to be Reimbursed: _____

Total Reimbursement Requested: _____

Maximum $150