



# AAG

ASSOCIATION of  
AMERICAN GEOGRAPHERS

# Childcare Subsidy Form

**2018 AAG-GPRM Regional Meeting**  
October 5-6, 2018  
Manhattan, KS

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:

AAG-GPRM 2018 Childcare Subsidy Program  
Department of Geography  
118 Seaton Hall, Kansas State University  
Manhattan, KS 66506-2904

Reimbursement is only available for childcare on-site in Manhattan, Kansas. No reimbursement is made for childcare at your home while you are in Manhattan or for childcare provided by anyone other than a licensed childcare agency. All childcare arrangements should be made by the individual attendee. Visit [ChildCareAware.org](http://ChildCareAware.org) for assistance locating childcare or call toll free 877-678-2548 to request a list of childcare facilities in the Manhattan area. The Kansas Department of Health and Environment maintains inspected results for licensed child care facilities in Kansas. The conference chairs do not endorse, recommend, or promote any agency. Responsibility for selection and investigation of an agency's credentials is the sole 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**