

Western North Carolina Down Syndrome Alliance
2010 Camp & Enrichment Program

One-On-One Reimbursement Form

(Complete for each one-on-one payment request)

Child's Name _____ Age _____

Parent or Guardian Name _____

Telephone Number _____

Mailing Address _____

Name of Camp-Enrichment Program _____

Dates Child Attended Program _____

Name of One-on-One Assistant _____

Assistant's Telephone Number _____

Assistant's Address _____

Assistant's Social Security Number (a 1099 may be furnished at year end)

Assistant contracted by parent of camp program _____

Assistant Hourly/Daily Rate \$ _____ -

Hours worked at Camp-Enrichment Program _____

Total Amount for Reimbursement _____

Payment will be mailed directly the one-on-one assistant

Please click on Submit or mail to WNCDSA, P.O. Box 421, Weaverville, NC 28787