



3548 Seagate Way Suite #140 Oceanside, Ca. 92056  
 760.295.1117 Fax: 760.509.4691

## Classes Reimbursements

### SDNH PARENT / STUDENT INFORMATION

Parent Name : \_\_\_\_\_ Student Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### Provider Information

Studio / Instructors Name : \_\_\_\_\_ Type of Class \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Class	Month	Amount
		\$
		\$
		\$
	Total Amount	\$

### **TYPE OF ORGANIZATION**

Check ONLY one of the organizations provided;  City/County Museum  
 AYSO  Zoo/Wild Animal Park  Junior Theatre/CYT/CCT  Public Recreation Dept.  
 YMCA/Boys & Girls Club  Little League  Community College  SDNH Approved Class  
 list \*NOTE: If Membership is not one of these organizations, it does not qualify for reimbursement. \* Must meet SDNH approval

**Original Reimbursement Receipts must be submitted on a monthly basis. The final reimbursement receipts must be submitted on the last business day in May.**

Parent Signature:

Date:

### **Office Use**

Date Received

Date Reviewed

Amount Approved

Directors Approval

REQUEST FOR REIMBURSEMENT