



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