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| To Be Completed By Parent(s) - Starred (\*) items are required fields | | | | | | | | | |
| Sponsor Information | | | | | | | | | |
| First Name\* |  | Middle Initial | | |  | Last Name\* |  | | |
| Sponsor Service Details\* (Check one and then complete Sponsor Family Type) | | | | | | | | | |
| Sponsor is Combat Related Wounded Warrior | | |  | Sponsor is DoD Civilian | | | |  |
| * Combat Related Wounded Warrior | | |  | * Single DoD CIV | | | |  |
| Sponsor is Child & Youth Direct Care Employee | | |  | * Dual DoD CIV | | | |  |
| * Single C&Y Direct Care Employee | | |  | * DoD CIV w/Working Spouse | | | |  |
| * C&Y Direct Care Employee w/Working Spouse | | |  | * DoD CIV w/Spouse Seeking Employment | | | |  |
| * C&Y Direct Care Employee w/Spouse Seeking Employment | | |  | * DoD CIV w/Student Spouse | | | |  |
| * C&Y Direct Care Employee w/Student Spouse | | |  | * DoD CIV w/Non-Working Spouse | | | |  |
| * C&Y Direct Care Employee w/Non-Working Spouse | | |  |  | | | |  |
| Sponsor is Active Duty | | |  | Sponsor is Guard/Reserve on Orders | | | |  |
| * Single Active Duty | | |  | * Single Guard/Reserve on Orders | | | |  |
| * Dual Active Duty | | |  | * Dual Guard/Reserve on Orders | | | |  |
| * Active Duty w/Working Spouse | | |  | * Guard/Reserve on Orders w/Working Spouse | | | |  |
| * Active Duty w/Spouse Seeking Employment | | |  | * Guard/Reserve on Orders w/Spouse Seeking Employment | | | |  |
| * Active Duty w/Student Spouse | | |  | * Guard/Reserve on Orders w/Student Spouse | | | |  |
| * Active Duty w/Non-Working Spouse | | |  | * Guard/Reserve on Orders w/Non-Working Spouse | | | |  |
| Sponsor is Other Federal Employee | | |  | Sponsor is DoD Contractor | | | |  |
| * Single/Dual Other FED Employee | | |  | * Single/Dual DoD CTR | | | |  |
| * Other FED Employee w/Working Spouse | | |  | * DoD CTR w/Working Spouse | | | |  |
| * Other FED Employee w/Spouse Seeking Employment | | |  | * DoD CTR w/Spouse Seeking Employment | | | |  |
| * Other FED Employee w/Student Spouse | | |  | * DoD CTR w/Student Spouse | | | |  |
| * Other FED Employee w/Non-Working Spouse | | |  | * DoD CTR w/Non-Working Spouse | | | |  |
| Surviving Spouse Combat Related | | |  | Sponsor is Military Retiree | | | |  | |
| * Surviving Spouse Combat Related-Working | | |  | * Military Retiree | | | |  | |
| * Surviving Spouse Combat Related-Seeking Employment | | |  |  | | | |  | |
| * Surviving Spouse Combat Related-Student | | |  |  | | | |  | |
| * Surviving Spouse Combat Related-Not Working | | |  |  | | | |  | |

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| Branch of Service\* | | Air Force |  | Marine Corps | |  | Other Federal | |  |
| Army |  | Navy | |  |  | |  |
| Coast Guard |  | DoD | |  |  | |  |
| Phone Number\* | Type (Indicate: Home, Work/Duty, DSN, Mobile, Other) | | | | Belongs To\* (Indicate: Sponsor, Spouse, Both Sponsor & Spouse) | | | Primary  (Indicate: No or Yes) | |
| \* |  | | | |  | | |  | |
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| Email Address\* | Notify Me  (Indicate: Yes or No) | | | | Belongs To\*  (Indicate: Sponsor or Spouse) | | | Primary  (Indicate: No or Yes) | |
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| Address | | | | | | | | | | | |
| Street 1 |  | | | | City |  | | | | Zip Code |  |
| Street 2 |  | | | | State |  | | | | Country |  |
| Spouse Information | | | | | | | | | | | |
| First Name | |  | | Middle Initial | | |  | Last Name |  | | |
| Time Zone Information | | | | | | | | | | | |
| Preferred Time Zone for Communication (to Household) | | |  | Household Default Time Zone View | | |  | | | | |

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| To Be Completed By Program Staff Only | | | | |
| Date Request Received (MM/DD/YY) | Time Request Received | Request Received By (Printed Name) | Date Request Loaded in militarychildcare.com | Request Loaded in militarychildcare.com By (Printed Name) |
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| To Be Completed By MCC Help Desk Only | | | | |
| RFC Confirmation Number: | |  | Help Desk Ticket # | |

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| Complete for All Children for Whom You Are Requesting Care | | | | | | | | | | | | |
| Child 1 Information | | | | | | | | | | | | |
| First Name\* |  | | | | Middle Initial |  | | Last Name\* | |  | | |
| Is your child unborn or yet to be adopted?\* | | Yes | No | Date of Birth/ Projected Date of Birth\* | DD/MM/YYYY | | Date Care Needed\* | | DD/MM/YYYY | | Child Age at Date Care Needed |  |
|  |  |
| Is there any information we need to know to support your child’s medical needs (e.g., medications, allergies, dietary)?\* | | | | | | | Yes | No | If yes, please explain: | | | |
|  |  |
| Does your child require any accommodations to participate in Child and Youth programs (e.g., alternative communication, physical, sensory, or material adaptations)?\* | | | | | | | Yes | No | If yes, please explain: | | | |
|  |  |
| Child 2 Information | | | | | | | | | | | | |
| First Name\* |  | | | | Middle Initial |  | | Last Name\* | |  | | |
| Is your child unborn or yet to be adopted?\* | | Yes | No | Date of Birth/ Projected Date of Birth\* | DD/MM/YYYY | | Date Care Needed\* | | DD/MM/YYYY | | Child Age at Date Care Needed |  |
|  |  |
| Is there any information we need to know to support your child’s medical needs (e.g., medications, allergies, dietary)?\* | | | | | | | Yes | No | If yes, please explain: | | | |
|  |  |
| Does your child require any accommodations to participate in Child and Youth programs (e.g., alternative communication, physical, sensory, or material adaptations)?\* | | | | | | | Yes | No | If yes, please explain: | | | |
|  |  |
| Child 3 Information | | | | | | | | | | | | |
| First Name\* |  | | | | Middle Initial |  | | Last Name\* | |  | | |
| Is your child unborn or yet to be adopted?\* | | Yes | No | Date of Birth/ Projected Date of Birth\* | DD/MM/YYYY | | Date Care Needed\* | | DD/MM/YYYY | | Child Age at Date Care Needed |  |
|  |  |
| Is there any information we need to know to support your child’s medical needs (e.g., medications, allergies, dietary)?\* | | | | | | | Yes | No | If yes, please explain: | | | |
|  |  |
| Does your child require any accommodations to participate in Child and Youth programs (e.g., alternative communication, physical, sensory, or material adaptations)?\* | | | | | | | Yes | No | If yes, please explain: | | | |
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| Child 1, Child 2, and Child 3 Program Selections\*  Identify the programs for which you are requesting care by child by entering “Child 1”, “Child 2”, or “Child 3”. Programs offer full day care options unless otherwise specified. |

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| Family Child Care | | | | | |
| Child #(s) | Enter name of Family Child Care (if known): | | | Enter name of care option (i.e., Infant Full Day, Pretoddler Full Day, Toddler Full Day): | |
| Child Development Centers | | | | | |
| [Customize CDC Program Name – Option 1 with CDC and SAC care options] | | | | | |
| Care Option | | Start Date\*\* | End Date\*\* | Child Number(s) | School Information\*\* |
| Full Day Care (6 wks to 5 yrs of age) | | Start Date | End Date |  | CDC Program Name’s School Information:  If school is known, select school served by program:  School Name  School Name  If school is not known, select:  School Unknown  If school is known but transportation is not provided by the program, select:  School Known, Transportation Not Provided and enter name of child’s school: |
| Kindergarten Before/After School Care (5 yrs of age) | | Start Date | End Date |  |
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| School Age Care Programs | | | | |
| [Customize SAC Program Name] | | | | |
| Care Option | Start Date | End Date | Child Number(s) | School Information |
| Kindergarten Before/After School Care (5 yrs of age) | Start Date | End Date |  | SAC Program Name School Information:  If school is known, select school served by program:  School Name  School Name  If school is not known, select:  School Unknown  If school is known but transportation is not provided by the program, select:  School Known, Transportation Not Provided and enter name of child’s school: |
| Summer Camp Week 1 | Start Date | End Date |  |
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