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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) |
|       \* |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  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) |
|       |       |       |       |       |
| 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 NameIf school is not known, select:[ ]  School UnknownIf 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 NameIf school is not known, select:[ ]  School UnknownIf 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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