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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 Active Duty Guard/Reserve on Orders |  |
| * Single Active Duty
 | [ ]  | * Single Active Guard/Reserve on Orders
 | [ ]  |
| * Dual Active Duty
 | [ ]  | * Dual Active Guard/Reserve on Orders
 | [ ]  |
| * Active Duty w/Working Spouse
 | [ ]  | * Active Guard/Reserve on Orders w/Working Spouse
 | [ ]  |
| * Active Duty w/Spouse Seeking Employment
 | [ ]  | * Active Guard/Reserve on Orders w/Spouse Seeking Employment
 | [ ]  |
| * Active Duty w/Student Spouse
 | [ ]  | * Active Guard/Reserve on Orders w/Student Spouse
 | [ ]  |
| * Active Duty w/Non-Working Spouse
 | [ ]  | * Active Guard/Reserve on Orders w/Non-Working Spouse
 | [ ]  |
| Sponsor is Mobilized Guard/Reserve on Orders |  | Sponsor is DoD Contractor |  |
| * Single Mobilized Guard/Reserve on Orders
 | [ ]  | * Single/Dual DoD CTR
 | [ ]  |
| * Dual Mobilized Guard/Reserve on Orders
 | [ ]  | * DoD CTR w/Working Spouse
 | [ ]  |
| * Mobilized Guard/Reserve on Orders w/Working Spouse
 | [ ]  | * DoD CTR w/Spouse Seeking Employment
 | [ ]  |
| * Mobilized Guard/Reserve on Orders w/Spouse Seeking Employment
 | [ ]  | * DoD CTR w/Student Spouse
 | [ ]  |
| * Mobilized Guard/Reserve on Orders w/Student Spouse
 | [ ]  | * DoD CTR w/Non-Working Spouse
 | [ ]  |
| * Mobilized Guard/Reserve on Orders w/Non-Working Spouse
 | [ ]  |  |  |
| Sponsor is Other Federal Employee |  | Surviving Spouse Combat Related |  |
| * Single/Dual Other FED Employee
 | [ ]  | * Surviving Spouse Combat Related-Working
 | [ ]  |
| * Other FED Employee w/Working Spouse
 | [ ]  | * Surviving Spouse Combat Related-Seeking Employment
 | [ ]  |
| * Other FED Employee w/Spouse Seeking Employment
 | [ ]  | * Surviving Spouse Combat Related-Student
 | [ ]  |
| * Other FED Employee w/Student Spouse
 | [ ]  | * Surviving Spouse Combat Related-Not Working
 | [ ]  |
| * Other FED Employee w/Non-Working Spouse
 | [ ]  |  |  |
| Sponsor is Military Retiree |  | Sponsor is Inactive Guard/Reserve |  |
| * Military Retiree
 | [ ]  | * Inactive Guard/Reserve
 | [ ]  |

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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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| Address  |
| Street1 |       | City |       | Zip Code |       |
| Street2 |       | State |       | Country |       |
| Spouse Information |
| First Name |       | Middle Initial |       | Last Name |       |

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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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| 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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| Tincher Child Development CenterFull Day Care6 wks to 5 yrs of age | Child #(s)      | Grierson Child Development CenterFull Day Care1 yr to 5 yrs of age | Child #(s)      | Grierson Child Development Center5 Day Part Day Preschool AM3 yrs to 5 yrs of age | Child #(s)      | Cooper Child Development CenterFull Day Care6 wks to 5 yrs of age | Child #(s)      |
| Family Child Care | Child #(s)      | *Enter name of Family Child Care (if known):* |

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| --- | --- | --- | --- | --- | --- |
| Cooper Child Development CenterBefore School | Child #(s)      | Cooper Child Development CenterSchool Information:If school is known, select school served by program:[ ]  Bishop[ ]  Boone-Apache[ ]  Cache[ ]  Chattanooga[ ]  Cyril[ ]  Duncan[ ]  Elgin[ ]  Fletcher[ ]  Flower Mound[ ]  Frederick[ ]  Geronimo[ ]  Indianhoma[ ]  Lawton Public Schools[ ]  Marlow[ ]  Sterling[ ]  Snyder[ ]  Temple[ ]  WaltersIf 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fort Sill School Age CenterBefore School | Child #(s)      | Fort Sill School Age Center School Information:If school is known, select school served by program:[ ]  Bishop[ ]  Boone-Apache[ ]  Cache[ ]  Chattanooga[ ]  Cyril[ ]  Duncan[ ]  Elgin[ ]  Fletcher[ ]  Flower Mound[ ]  Frederick[ ]  Geronimo[ ]  Indianhoma[ ]  Lawton Public Schools[ ]  Marlow[ ]  Sterling[ ]  Snyder[ ]  Temple[ ]  WaltersIf 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cooper Child Development CenterAfter School | Child #(s)      | Fort Sill School Age CenterAfter School | Child #(s)      |
| Cooper Child Development CenterBefore/After School | Child #(s)      | Fort Sill School Age CenterBefore/After School | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 1 (31 May – 3 June 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 1 (31 May – 3 June 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 2 (6 – 10 June 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 2 (6 – 10 June 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 3 (13 – 17 June 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 3 (13 – 17 June 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 4 (20 – 24 June 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 4 (20 – 24 June 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 5 (27 June – 1 July 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 5 (27 June – 1 July 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 6 (5 – 8 July 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 6 (5 – 8 July 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 7 (11 – 15 July 2016) | Child #(s)      | Fort Sill School Age CenterSummer Camp Week 7 (11 – 15 July 2016) | Child #(s)      |
| Cooper Child Development CenterKindergarten Summer Camp Week 8 (18 – 22 July 2016) | Child #(s)      |  | Fort Sill School Age CenterSummer Camp Week 8 (18 – 22 July 2016) | Child #(s)      |  |
| Cooper Child Development CenterKindergarten Summer Camp Week 9 (25 – 29 July 2016) | Child #(s)      |  | Fort Sill School Age CenterSummer Camp Week 9 (25 – 29 July 2016) | Child #(s)      |  |
| Cooper Child Development CenterKindergarten Summer Camp Week 10 (1 – 5 August 2016) | Child #(s)      |  | Fort Sill School Age CenterSummer Camp Week 10 (1 – 5 August 2016) | Child #(s)      |  |
| Cooper Child Development CenterKindergarten Summer Camp Week 11 (8 – 9 August 2016)  | Child #(s)      |  | Fort Sill School Age CenterSummer Camp Week 11 (8 – 9 August 2016) | Child #(s)      |  |
| Cooper Child Development CenterWinter Break Camp Week 1 (19 – 23 December 2016) | Child #(s)      |  | Fort Sill School Age CenterWinter Break Camp Week 1 (19 – 23 December 2016) | Child #(s)      |  |
| Cooper Child Development CenterWinter Break Camp Week 2 (26 – 30 December 2016) | Child #(s)      |  | Fort Sill School Age CenterWinter Break Camp Week 2 (26 – 30 December 2016) | Child #(s)      |  |
| Cooper Child Development CenterSpring Break Camp Week 1 (13 – 17 March 2017) | Child #(s)      |  | Fort Sill School Age CenterSpring Break Camp Week 1 (13 – 17 March 2017) | Child #(s)      |  |