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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) | |
| \* |  | | | |  | | |  | |
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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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| 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 Center  Full Day Care  6 wks to 5 yrs of age | Child #(s) | Grierson Child Development Center  Full Day Care  1 yr to 5 yrs of age | Child #(s) | Grierson Child Development Center  5 Day Part Day Preschool AM  3 yrs to 5 yrs of age | Child #(s) | Cooper Child Development Center  Full Day Care  6 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 Center  Before School | Child #(s) | Cooper Child Development 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  Walters  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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fort Sill School Age Center  Before 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  Walters  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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cooper Child Development Center  After School | Child #(s) | Fort Sill School Age Center  After School | Child #(s) |
| Cooper Child Development Center  Before/After School | Child #(s) | Fort Sill School Age Center  Before/After School | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 1 (31 May – 3 June 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 1 (31 May – 3 June 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 2 (6 – 10 June 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 2 (6 – 10 June 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 3 (13 – 17 June 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 3 (13 – 17 June 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 4 (20 – 24 June 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 4 (20 – 24 June 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 5 (27 June – 1 July 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 5 (27 June – 1 July 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 6 (5 – 8 July 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 6 (5 – 8 July 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 7 (11 – 15 July 2016) | Child #(s) | Fort Sill School Age Center  Summer Camp Week 7 (11 – 15 July 2016) | Child #(s) |
| Cooper Child Development Center  Kindergarten Summer Camp Week 8 (18 – 22 July 2016) | Child #(s) |  | Fort Sill School Age Center  Summer Camp Week 8 (18 – 22 July 2016) | Child #(s) |  |
| Cooper Child Development Center  Kindergarten Summer Camp Week 9 (25 – 29 July 2016) | Child #(s) |  | Fort Sill School Age Center  Summer Camp Week 9 (25 – 29 July 2016) | Child #(s) |  |
| Cooper Child Development Center  Kindergarten Summer Camp Week 10 (1 – 5 August 2016) | Child #(s) |  | Fort Sill School Age Center  Summer Camp Week 10 (1 – 5 August 2016) | Child #(s) |  |
| Cooper Child Development Center  Kindergarten Summer Camp Week 11 (8 – 9 August 2016) | Child #(s) |  | Fort Sill School Age Center  Summer Camp Week 11 (8 – 9 August 2016) | Child #(s) |  |
| Cooper Child Development Center  Winter Break Camp Week 1 (19 – 23 December 2016) | Child #(s) |  | Fort Sill School Age Center  Winter Break Camp Week 1 (19 – 23 December 2016) | Child #(s) |  |
| Cooper Child Development Center  Winter Break Camp Week 2 (26 – 30 December 2016) | Child #(s) |  | Fort Sill School Age Center  Winter Break Camp Week 2 (26 – 30 December 2016) | Child #(s) |  |
| Cooper Child Development Center  Spring Break Camp Week 1 (13 – 17 March 2017) | Child #(s) |  | Fort Sill School Age Center  Spring Break Camp Week 1 (13 – 17 March 2017) | Child #(s) |  |