

CHILD, YOUTH & SCHOOL SERVICES REQUEST FOR CHILD  
CARE RECORD (21 May 10)

*Please note privacy act on reverse side.*

			<b>Office Use Only File Closed:</b>
<b>1. Date of Request (MMDDYY)</b>	<b>2. Time of Request</b>	<b>3. DEROS Date (MMDDYY)</b>	<b>Check if Applicable:</b> <input type="checkbox"/> Sole Parent <input type="checkbox"/> Dual Military
<b>4. Sponsor's Name (Last, First, MI)</b>		<b>5. Branch of Service</b>	<b>6. Rank/Pay Grade</b>
<b>7. Spouse's Name (Last, First, MI)</b>		<b>8. Branch of Service</b>	<b>9. Rank/Pay Grade</b>
<b>10a: Mailing Address:</b> PSC/CMR/Unit _____ BOX ___ APO, AE _____ Sponsor's Unit: _____		<b>10a. Home Address (Physical Address)</b> Street: _____ City/Town: _____ Zip Code: _____	
<b>11. Sponsor's Duty Phone</b>	<b>12. Spouse's Duty Phone</b>	<b>13. Home Phone/Cell Phone:</b> H: _____ C: _____	
<b>14. Sponsor's Military Email Address:</b>		<b>14a. Personal Email Address:</b>	
<b>15. Child's Name (Last, First, MI)</b>		<b>15a. Child's DOB (MMDDYY)</b>	
<b>16. 2<sup>nd</sup> Child's Name (Last, First, MI)</b>		<b>16a. 2<sup>nd</sup> Child's DOB MDDYY)</b>	

**17. Date care is needed (MM/DD/YY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**18. PROGRAM DESIRED:**

Full Day   
  2 Day Landstuhl PDPS   
  3 Day Landstuhl PDPS   
  5 Day Landstuhl PDPS  
 Strong Beginnings Pre K (Landstuhl Only)  
 Before Kinder   
  After Kinder   
  LSAC Before only   
  LSAC after only   
  LSAC Before/After  
 LSAC Summer Camp   
  Sembach Before Only   
  Sembach After Only   
  Sembach Before/After

**19. VIABLE OPTIONS: (Use numbers 1-3. #1 being first choice. See statement of understanding#7)**

Landstuhl CDC                     
  Miesau CDC                             
  Kleber CDC  
 Landstuhl School Age Center     
  Sembach School AgeCenter

**20. Mark the appropriate age group that child will be in when care is requested.**

Infant (0 weeks-12 months)	Kindergarten
Young Toddler (13-18 months)	School Age Grades 1-5
Toddler (18-36 months)	Middle School Grades 6-9 Before care only
Preschool (3-5 years)	

**21. Is your child on another waiting list? YES / NO If yes, name other lists** \_\_\_\_\_

**22. Reason for request of care in these programs:** \_\_\_\_\_

**23. Present Child Care Arrangements (X) Applicable Box**

Army CDC	Military Alternate	No Present Care
Air Force CDC	Civilian CDC	Other (Specify) _____
Air Force FCC	In-Home Care	

**23. Has child been identified for any special needs care?** \_\_\_\_\_

**25. If child is not presently in care, is employment of spouse awaited?** \_\_\_\_ Yes \_\_\_\_ No

**24. Sponsor Status (X applicable box)**

Sole Parent Military	Dual DOD Civilian
Dual Military	DOD civilian w/ other than DOD spouse
Military w/ DOD Employed Spouse	Retired Military
Military w/ other than DOD Emp. Spouse	Military Reserve
Military w/ spouse as full time student	Military w/ Unemployed Spouse
Single Parent DOD Civilian	Other specify) _____

**25. Patron's Signature:** \_\_\_\_\_

**26. CYSD Representative Signature:** \_\_\_\_\_

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1989

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE (S): To collect applicant information for Child Development Services and place applicant on waiting list for program services.

ROUTINE USES: Information compiled is used to assist management in determining effectiveness of present and projected future program requirements.

MANDATORY OR VOLUNTARY DISCLOSURE AND AFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Information is voluntary; however, failure to furnish the information will result in an incomplete request for child care record and possible loss of placement on Child Youth Services Division waiting list.

**27. Update Information (For Office Use Only)**

Date/Time	Comments/ Initials	L S	Declined/ Placed	Place Time