

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	<input type="checkbox"/>	• Single DoD CIV	<input type="checkbox"/>	
Sponsor is Child & Youth Direct Care Employee			• Dual DoD CIV	
• Single C&Y Direct Care Employee	<input type="checkbox"/>	• DoD CIV w/Working Spouse	<input type="checkbox"/>	
• C&Y Direct Care Employee w/Working Spouse	<input type="checkbox"/>	• DoD CIV w/Spouse Seeking Employment	<input type="checkbox"/>	
• C&Y Direct Care Employee w/Spouse Seeking Employment	<input type="checkbox"/>	• DoD CIV w/Student Spouse	<input type="checkbox"/>	
• C&Y Direct Care Employee w/Student Spouse	<input type="checkbox"/>	• DoD CIV w/Non-Working Spouse	<input type="checkbox"/>	
• C&Y Direct Care Employee w/Non-Working Spouse	<input type="checkbox"/>			
Sponsor is Active Duty			Sponsor is Active Duty Guard/Reserve on Orders	
• Single Active Duty	<input type="checkbox"/>	• Single Active Guard/Reserve on Orders	<input type="checkbox"/>	
• Dual Active Duty	<input type="checkbox"/>	• Dual Active Guard/Reserve on Orders	<input type="checkbox"/>	
• Active Duty w/Working Spouse	<input type="checkbox"/>	• Active Guard/Reserve on Orders w/Working Spouse	<input type="checkbox"/>	
• Active Duty w/Spouse Seeking Employment	<input type="checkbox"/>	• Active Guard/Reserve on Orders w/Spouse Seeking Employment	<input type="checkbox"/>	
• Active Duty w/Student Spouse	<input type="checkbox"/>	• Active Guard/Reserve on Orders w/Student Spouse	<input type="checkbox"/>	
• Active Duty w/Non-Working Spouse	<input type="checkbox"/>	• Active Guard/Reserve on Orders w/Non-Working Spouse	<input type="checkbox"/>	
Sponsor is Mobilized Guard/Reserve on Orders			Sponsor is DoD Contractor	
• Single Mobilized Guard/Reserve on Orders	<input type="checkbox"/>	• Single/Dual DoD CTR	<input type="checkbox"/>	
• Dual Mobilized Guard/Reserve on Orders	<input type="checkbox"/>	• DoD CTR w/Working Spouse	<input type="checkbox"/>	
• Mobilized Guard/Reserve on Orders w/Working Spouse	<input type="checkbox"/>	• DoD CTR w/Spouse Seeking Employment	<input type="checkbox"/>	
• Mobilized Guard/Reserve on Orders w/Spouse Seeking Employment	<input type="checkbox"/>	• DoD CTR w/Student Spouse	<input type="checkbox"/>	
• Mobilized Guard/Reserve on Orders w/Student Spouse	<input type="checkbox"/>	• DoD CTR w/Non-Working Spouse	<input type="checkbox"/>	
• Mobilized Guard/Reserve on Orders w/Non-Working Spouse	<input type="checkbox"/>			
Sponsor is Other Federal Employee			Surviving Spouse Combat Related	
• Single/Dual Other FED Employee	<input type="checkbox"/>	• Surviving Spouse Combat Related-Working	<input type="checkbox"/>	
• Other FED Employee w/Working Spouse	<input type="checkbox"/>	• Surviving Spouse Combat Related-Seeking Employment	<input type="checkbox"/>	
• Other FED Employee w/Spouse Seeking Employment	<input type="checkbox"/>	• Surviving Spouse Combat Related-Student	<input type="checkbox"/>	
• Other FED Employee w/Student Spouse	<input type="checkbox"/>	• Surviving Spouse Combat Related-Not Working	<input type="checkbox"/>	
• Other FED Employee w/Non-Working Spouse	<input type="checkbox"/>			
Sponsor is Military Retiree			Sponsor is Inactive Guard/Reserve	
• Military Retiree	<input type="checkbox"/>	• Inactive Guard/Reserve	<input type="checkbox"/>	

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)

Request for Care Form: USAF Academy

Address						
Street1		City		Zip Code		
Street2		State		Country		
Spouse Information						
First Name		Middle Initial		Last Name		
Branch of Service*	Air Force	<input type="checkbox"/>	Marine Corps	<input type="checkbox"/>	Other Federal	<input type="checkbox"/>
	Army	<input type="checkbox"/>	Navy	<input type="checkbox"/>		
	Coast Guard	<input type="checkbox"/>	DoD	<input type="checkbox"/>		
Phone Number	<i>Type</i> (Indicate: Home, Work/Duty, DSN, Mobile, Other)		<i>Belongs To</i> (Indicate: Sponsor, Spouse, Both Sponsor & Spouse)		<i>Primary</i> (Indicate: No or Yes)	
*						
Email Address*	<i>Notify Me</i> (Indicate: Yes or No)		<i>Belongs To*</i> (Indicate: Sponsor or Spouse)		<i>Primary</i> (Indicate: No or Yes)	
*			*			

Request for Care Form: USAF Academy

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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:		
Child 2 Information									
First Name*				Middle Initial		Last Name*			
Is your child unborn or yet to be adopted?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:		
Child 3 Information									
First Name*				Middle Initial		Last Name*			
Is your child unborn or yet to be adopted?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:		

Request for Care Form: USAF Academy

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.

Donna Head Child Development Center	Child #(s)	USAF Academy Child Development Center Annex	Child #(s)	USAF Academy Child Development Center Annex	Child #(s)	USAF Academy Child Development Center Annex	Child #(s)
Full Day Care		Full Day Care		3 Day Part Day Preschool AM		2 Day Part Day Preschool AM	
6 wks to 5 yrs of age		3-5 yrs of age		3-5 yrs of age		3-5 yrs of age	
Family Child Care			Child #(s)	Enter name of Family Child Care (if known):			

Falcon Trail Youth Center	Child #(s)	USAF Academy School Information: If school is known, select school served by program: <input type="checkbox"/> Douglas Valley Elementary If school is not known, select: <input type="checkbox"/> School Unknown If school is known but transportation is not provided by the program, select: <input type="checkbox"/> School Known, Transportation Not Provided and enter name of child's school: _____	Falcon Trail Youth Center	Child #(s)
Before School			Holiday/ School Out (17 Feb 2017)	
Falcon Trail Youth Center	Child #(s)		Falcon Trail Youth Center	Child #(s)
After School			Holiday/ School Out (17 Mar 2017)	
Falcon Trail Youth Center	Child #(s)		Falcon Trail Youth Center	Child #(s)
Before/ After School			Holiday/ School Out (22-24 Mar 2017)	
Falcon Trail Youth Center	Child #(s)		Falcon Trail Youth Center	Child #(s)
Holiday/ School Out (6 Sept 2016)			Spring Break Camp (27- 31 Mar 2017)	
Falcon Trail Youth Center	Child #(s)		Falcon Trail Youth Center	Child #(s)
Holiday/ School Out (6-7 Oct 2016)			Holiday/ School Out (20 Apr 2017)	
Falcon Trail Youth Center	Child #(s)		Falcon Trail Youth Center	Child #(s)
Holiday/ School Out (19-21 Oct 2016)			Holiday/ School Out (4-5 May 2017)	
Falcon Trail Youth Center	Child #(s)			
Holiday/ School Out (21-23 Nov 2016)				
Falcon Trail Youth Center	Child #(s)			
Winter Camp Week 1 (19-23 Dec 2016)				
Falcon Trail Youth Center	Child #(s)			
Winter Camp Week 2 (26- 30 Dec 2016)				
Falcon Trail Youth Center	Child #(s)			
Winter Camp Week 2 (26- 30 Dec 2016)				
Falcon Trail Youth Center	Child #(s)			
Holiday/ School Out (3-4 Jan 2017)				