

## Ft. Wainwright Child and Youth Services Request For Childcare Form

1. Today's Date:	2. Time:	3. Date Care is Needed:	4. Confirmation Date:	5. Date Entered on Waitlist:	
6. Family Data: Sponsor Information			7. Family Data: Spouse Information		
Name: (Last, First, MI)			Name: (Last, First, MI)		
Home Address:		Rank:	Unit:	Home Address:	
				Rank:	Employer:
Home #:		Unit Phone#:		Cell #:	
				Work #:	
8. Family Data: Child's Information					
Child's Name (Last, First, MI)			Child's DOB: (MMDDYY)		Age: Sex: Due Date for unborn:
9. Ethnicity: Circle appropriate one				10. Child's Age Group	
(White/Caucasian) (Black/African American) (American Indian/Alaska native) (Cuban)				Infants (6 weeks- 12 months)	
(Mexican, Mexican-American, Chino) (Puerto Rican) (Other Spanish /Hispanic/Latino)				Pre-Toddlers (13 mths-24mths)	
(Asian Indian) (Chinese) (Filipino) (Japanese) (Korean) (Vietnamese) (other Asian)				Toddlers (25mths-30mths)	
(Gumanian/Chamarro) (Native Hawaiian) (Samoan) (Other Pacific Islander)				PreSchool (3yrs-5yrs)	
(Multi-Racial/Other (not listed))				School Age (5+yrs)	
11. Status (X applicable areas)					
Military _____ CY5 employee _____ Contractor _____ DOD Civilian _____					
12. Present Child Care Arrangements					
On Post: _____			Not presently in care: _____		
Off Post: _____			Other: _____		
13. General Information: (Circle appropriate response)					
Yes/No	Is child on other military waiting list?(If yes, provide name of installation)				
Yes/No	Has your child been identified for special needs care? (If yes, specify i.e. asthma, food allergy, etc)				
School Age Info:		Choose Program Option(s) Check appropriate areas			
Name of School	Grade:	<input type="checkbox"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Fullday PreSchool <input type="checkbox"/> Sports Only <input type="checkbox"/> STACC Care only <input type="checkbox"/> Hourly Care Part Day Preschool: <input type="checkbox"/> 2 Day <input type="checkbox"/> 3Day <input type="checkbox"/> 5Day Kindergarten: <input type="checkbox"/> Before /After <input type="checkbox"/> Before Only School age Services: <input type="checkbox"/> Before/After Care <input type="checkbox"/> Before Only <input type="checkbox"/> After Only <input type="checkbox"/> Summer Camp Only			
I understand that I am obligated to contact the Central Registration Office at 361-7395 or 361-9056 within 30 days of submitting this waitlist request to maintain placement on the waitlist. I understand that I must call every 30 days until I am offered placement to confirm my need for care. Failure to confirm status will result in removal from the waitlist.					
Parent's Signature: _____			Date: _____		