

JBER Family Child Care Expanded Child Care Programs Registration Form

If you have completed this form before we do not need it again

QUALIFYING SPONSOR	
Last Name:	
First Name:	
Email:	Zip Code:
Telephone Numbers: Work:	Cell/Home:
Rank:	
Unit/Office Symbol:	
Supervisor's Rank/Name:	
Branch of Service:	
Marital Status:	
QUALIFYING STATUS	
	<input type="radio"/> Active Duty
	<input type="radio"/> Guard Member
	<input type="radio"/> Reserve Member
	<input type="radio"/> DoD Civilian
	<input type="radio"/> DoD Contractor
SPOUSE	
Last Name:	
First Name:	
Email:	
Telephone Numbers: Work:	Cell/Home:
Does spouse qualify as their own sponsor?: <input type="radio"/> Yes <input type="radio"/> No	Branch of Service:
If "yes", Qualifying Status:	<input type="radio"/> Active Duty
	<input type="radio"/> Guard Member
	<input type="radio"/> Reserve Member
	<input type="radio"/> DoD Civilian
	<input type="radio"/> DoD Contractor
Rank:	
Unit/Office Symbol:	
Supervisor's Rank/Name:	
Child/ren Name & DoB:	
Additional Paperwork Needed by Provider for Enrollment: AF Form 1181, up to date immunizations record or *approved waiver, contract, 2 local emergency contacts, USDA Enrollment forms, *allergy/special needs paperwork.	
*Notify FCC Office for additional paperwork	