

DATE OF REQUEST: _____

PRIORITY: _____

CHILD, YOUTH & SCHOOL SERVICES REQUEST FOR CARE

AUTHORITY: PL 101-89 Sec 1507; EO 9397

PRINCIPAL PURPOSE: To collect applicant information for Child, Youth & School Services and place applicants on waiting lists for program services. Information compiled from application is also used to assist management determination of effectiveness of present and projection of future program requirements.

ROUTINE USE: None

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in incomplete request for care record and possible loss of placement on Child, Youth & School Services Program waiting list.

RESPONSIBILITY: It is the responsibility of the parent/guardian to notify Child, Youth & School Services every 3 months of their intent to remain on any Child, Youth & School Services waiting list

SPONSOR INFORMATION	SPOUSE/PARENT INFORMATION
NAME	NAME
HOME ADDRESS (street, city, state, zip)	SPOUSE/PARENT CELL PHONE
	SPOUSE/PARENT EMAIL
HOME PHONE _____ CELL PHONE _____	**Information below must be provided for spouse's work/school in order to accurately determine priority.
SPONSOR EMAIL	SPOUSE/PARENT FULL-TIME EMPLOYER/ FULL-TIME SCHOOL (name, address, city, state)
FULL-TIME EMPLOYER (name, address, city, state)	
Office Symbol (If employed at Rock Island Arsenal)	Office Symbol (If employed at Rock Island Arsenal)
WORK NUMBER _____ WORK EMAIL _____	SPOUSE/PARENT WORK/SCHOOL PHONE NUMBER
If military: Branch _____ Rank _____ Deployed ___ Wounded Warrior ___ Fallen Warrior ___ **If claiming any of the above documentation must be provided**	If military: Branch _____ Rank _____ Legally Separated _____ Divorced _____ "If claiming either of the above documentation must be provided"
CHILD'S NAME _____	
DATE OF BIRTH _____ DATE CARE IS REQUESTED _____ (If unborn at this time, please put expected due date)	
AGE GROUP (X one) _____ Infants (6 wks - 12 months) _____ Pre-toddler (12 – 24 months) _____ Toddler (24 -36 months) _____ Preschool (3 - 5 years)	
TYPE OF CARE REQUIRED: FULL TIME _____ PART TIME _____	
CURRENT CHILD CARE ARRANGEMENTS _____	
Are your child's immunizations current? _____ If child is unborn, do you intend to immunize your child? _____	
Has your child been registered in CYSS programs at another Army base? Yes _____ No _____	
SPONSOR SIGNATURE _____ CYS STAFF _____	
*** For Office Use Only	