RE-REGISTRATION

Parent Central Services Registration Checklist
SAC McConnell Youth Center

Phone: 717.245.3801

459 Fletcher Rd.

Children/Youth must be fully registered before they can use any CYS Services Program.

To expedite the registration process, please have the following information available.

ITEMS/INFORMATION FOR REGISTRATION	VERIFICATION
Child's Official Shot Record (fifth grade and below, Homeschool, and Private School)	
Family Care Plans DA5305 (Required for single/dual military and single/dual deployable civilian families) (Due 30 days from enrollment in part/full time programs)	
Proof of Parent(s) Income (i.e. Leave and Earnings Statement/Pay Vouchers. If spouse is a full time student, proof of enrollment is needed. Determination of DOD Fee Category for childcare/school age fees is based on Total Family Income) 3 consecutive paystubs needed, unless ACTIVE DUTY	
Program Information Form Local Emergency and Child Release Designees (minimum of 2) (names/phone numbers - if you are unable to be reached in case of emergency, designees will be called and must live within 30 minutes of Carlisle Barracks) *Must be two people other than sponsor & spouse*	
Child and Family Profile - DA FORM 5224-R	
Liability Waiver Form	
Health Screening Tool-1 (To record/evaluate child's allergies, medical/physical conditions, etc. for all children birth through 5th grades and ALL Youth identified as having special needs)	
Medical Action Plan (MAP) Only needed if a child is **diagnosed** with allergies, diabetes, asthma/respiratory or seizures that requires staff to give rescue medications) (If recommended by Special Needs Assessment Team) (New Medical Action Plans are required yearly at re-registration)	
Child/Adult Care Food Program Annual Recertification	
D.O.D Priority Information Agreement	

Comments:_____

_____

_____

_____

_____

Registration completed by:_____ Date:_____

UNITED STATES ARMY
CHILD & YOUTH SERVICES

Reset Form

Child and Youth Services Program Information Form

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Date: _____

AUTHORITY: Title 10, United States Code, Section 3012, DoDI 6060.02, DoDI 6060.4, AR 608-10, and AR 215-1.
PRINCIPAL PURPOSE(S): To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care.
ROUTINE USES: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent.
DISCLOSURE of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.
DECLARATION OF NONDISCRIMINATION
Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

SPONSOR: Last Name _____ First Name _____ Rank _____

Status _____ Specify if Other _____ Branch _____

Unit/Employer _____ Unit/Employer Address _____ _____ Zip Code _____

Installation _____ Work Phone _____ Cell Phone _____

Home Phone _____ Home Address _____ _____ Zip Code _____

On Post?_____ Sponsor Primary Email Address _____ Alternate _____

SPOUSE: Last Name _____ First Name_____ Rank_____

Status_____ Specify if Other _____ Branch _____

Unit/Employer _____ Unit/Employer Address _____ _____ Zip Code _____

Work Phone _____ Cell Phone _____ Home Phone _____

Spouse Primary Email Address _____ Alternate _____

Child's Name: _____ DOB: _____ Grade: _____ School: _____

Child's Name: _____ DOB: _____ Grade: _____ School: _____

Child's Name: _____ DOB: _____ Grade: _____ School: _____

Child's Name: _____ DOB: _____ Grade: _____ School: _____

EMERGENCY/RELEASE CONTACTS (Local adults, not parents, authorized to respond in an emergency or locate parent):

1. Last Name _____ First Name _____ Work Phone_____

Cell Phone_____ Home Phone _____ Is this person authorized to pick-up youth? _____

2. Last Name _____ First Name _____ Work Phone_____

Cell Phone_____ Home Phone _____ Is this person authorized to pick-up youth? _____

3. Last Name _____ First Name _____ Work Phone_____

Cell Phone_____ Home Phone _____ Is this person authorized to pick-up youth? _____

CHILD DEVELOPMENT SERVICE (CDS) SPONSOR/PROGRAM AGREEMENT

For use of this form, see AR 608-10; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel and patrons to: (1) Identify and clarify responsibilities of all parties involved in agreement, (2) specify commitment regarding acceptance and provision of CDS services.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CDS programs.

NAME OF SPONSOR *(Last, first, MI)*

PROGRAM | VALID FROM *(Month, day, year to month, day, year)*

SERVICE *(Check appropriate box)*

☐ FULL DAY ☐ PART DAY PRESCHOOL ☐ PART DAY SCHOOL AGE ☐ FCC HOME ☐ HOURLY

AGE GROUP CATEGORY *(Check appropriate box)*

☐ INFANT ☐ TODDLER ☐ PRESCHOOL AGE ☐ SCHOOL AGE

I agree to enroll my child/children _____

in the McConnell Youth Center

CDS Facility/Family Child Care Home located at

459 Bouquet Rd., Carlisle PA 17013

PROGRAM SERVICES

PROGRAM OPERATING HOURS ARE AS FOLLOWS (List hours) (CDS personnel)

MON 0630 TO 1730 TUES 0630 TO 1730 WED 0630 TO 1730

THURS 0630 TO 1730 FRI 0630 TO 1730 SAT _____ TO _____

SUN _____ TO _____

*SERVICES FOR MY CHILD/CHILDREN WILL BE AS FOLLOWS (List hours) (Sponsor)

MON 0630 TO 1730 TUES 0630 TO 1730 WED 0630 TO 1730

THURS 0630 TO 1730 FRI 0630 TO 1730 SAT _____ TO _____

SUN _____ TO _____

SERVICES WILL NOT BE AVAILABLE ON *(List time/date) (CDS personnel)*

Authorized Closures, Fed. Holidays and Weekends I WILL BE NOTIFIED IN ADVANCE, WHENEVER POSSIBLE, OF ADDITIONAL PERIODS OF NON-SERVICE AS DETERMINED BY CDS PERSONNEL.

(CHILD MAY BE DENIED CARE WHEN ILLNESS PRECLUDES PARTICIPATION IN ROUTINE PROGRAM ACTIVITIES)

PRIOR NOTICE REQUIREMENT *(List amount of time required to terminate services) (CDS Personnel)*

Failure to provide a 30-day advance written notice for a withdrawal from a program may result in the responsibility of payment in full for the bi-monthly fee of the last cycle that occurs within the last date of care.

UNIQUE CONSIDERATIONS *(Sponsor)*

I REQUEST THE FOLLOWING SPECIAL NEEDS OF MY CHILD/CHILDREN AS ACCOMMODATED

MY CHILD/CHILDREN REQUIRES THE FOLLOWING SPECIAL ITEMS WHICH I WILL SUPPLY

*NON APPLICABLE FOR HOURLY SERVICES

FEES AND CHARGES *(CDS Personnel)*

RATES FOR PROGRAM SERVICES ARE AS FOLLOWS:

DD Form 2652 - Total Family Income (TFI) determined category is: _____, charged at a monthly rate of: $_____

MISCELLANEOUS FEES FOR PROGRAM SERVICES ARE AS FOLLOWS:

Late pick-up fees are $1.00 per minute for the first 15 minutes per family, per site. When the family is later than 15 minutes, the family is charged $7.00 per child, per site for the remainder of the hour and then $7.00 per child, per site for each hour thereafter. The Standard Army-wide hourly care rate is $7.00 per hour per child for ALL CDS programs regardless of the Total Family Income (TFI) category.

AN OVERTIME/LATE FEE OF $ 1.00 per minute WILL BE CHARGED STARTING AT 1730 HOURS.

*PAYMENT OBLIGATION IS BASED ON HOURS I AGREE TO USE SERVICES NOT ON ACTUAL HOURS OF CHILD ATTENDANCE, UNLESS THEY EXCEED THE HOURS CONTRACTED.

*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO ILLNESS, FEES WILL NOT BE REDUCED.

*IN THE EVENT OF ABSENCE OF MY CHILD/CHILDREN FROM CARE DUE TO VACATION, FEES WILL NOT BE REDUCED.

FEES WILL BE PAID IN THE FOLLOWING MANNER

Full-day fees are due on the 5th business day of the payment cycle (1st and 15th). A one-time $10.00 per child late payment fee will be assessed on the 6th business day of each missed payment cycle. Failure to pay child care fees can result in removal from care. Hourly care fees will be paid daily upon pick up. The use of leave vacation days are authorized for full-day CDC programs, they must be used in 5-day increments and apply to each valid registration year.

FEES AND CHARGES ARE SUBJECT TO CHANGE. PATRONS WILL BE NOTIFIED OF CHANGES 30 DAYS PRIOR TO EFFECTIVE DATE.

POLICIES *(CDS Personnel)*

*CHILD MEDICATION WILL BE ADMINISTERED ONLY UPON MY WRITTEN REQUEST UNDER THE FOLLOWING CDS CONDITIONS

Only physician-prescribed medications are permitted within CDS programs. Medication must be prescribed by a physician and have an RX label. A physician or parent must administer the first dose. Children must be on the prescribed medication at least 24 hours before the first dosage is administered by CDS Personnel. DA Form 5225-R (CDS Medical Dispensation Record) must be completed before administration of medication.

LAUNDERING CHILD'S/CHILDREN'S SOILED CLOTHING WILL NOT BE DONE ON A ROUTINE BASIS.

I WILL PROVIDE THE FOLLOWING TO MEET CDS PROGRAM REQUIREMENTS

Name and phone number of at least two emergency contacts that can pick up within 1 hour of notification or have the ability to contact the sponsor/spouse immediately if needed. Designees must be at least 13 years old. A Health Assessment within 30 days of registration (if no specials needs). A Family Care Plan within 30 days of registration (single/ dual military). A current immunization record for all CDC programs. A clean and well-rested child with appropriate clothing for indoor and outdoor play.

I ACKNOWLEDGE A SHARED RESPONSIBILITY WITH CDS FOR CHILD ABUSE PREVENTION

IAW AR608-10, Para 2-20 and AR 608-18, CDS staff are trained in the prevention and recognition of child abuse and neglect. By law, facility staff must report any suspicion of child maltreatment immediately to the Military Police.

I ACKNOWLEDGE AND CONSENT TO THE FOLLOWING CDS POLICIES CONCERNING THE CARE OF MY CHILD

-All policies and procedures outlined in the Parent Handbook.
-Enrollment into any CDS program is contingent upon programs successfully meeting the child's needs. If at any time, it is determined by CDS that the child's needs cannot be accommodated in the CDS delivery systems, the Outreach Services Director will assist in referral.
-All CDS program closures correspond with the direction and guidance from the Garrison Commander's Office. For 24-hour status updates on closures, please call 717-245-3700. Fee adjustments will NOT be made due to holidays, closures, or delays.
-Children with a fever or diarrhea will not be readmitted until the fever or diarrhea has been absent for 24-hrs. Other illnesses require a doctor's statement of readmission.
-In accordance with AER 608-10-1, ill children will be picked up immediately (within an hour) upon notification.
-Children will not bring toys, food, or personal items to the facility without prior approval or appropriate documentation.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF CDS REPRESENTATIVE OR FCC PROVIDER	DATE

"This document conforms to the privacy act of 1974: 10 USC 30 31"

LIABILITY WAIVER

USAG Carlisle Barracks CYS
459 Bouquet Rd
Carlisle Barracks
Carlisle PA 17013
Phone: (717)245-4555

Sponsor's Name:

Address:

Hm Ph:

Wk Ph:

Email:

Participant:

Guardian:

MEMORANDUM FOR RECORD
SUBJECT: Child and Youth Services (CYSS) Statements of Understanding and Medical Consent Statement

1. Data Required by the Privacy Act of 1974

2. Authority. Title 10, United States Code, section 3012.

3. Principal Purpose. Information is used by DA personnel to: (1) provide Child and Family program eligibility and background information, (2) develop programs meeting needs of Children and Families, (3) ensure appropriate placement of Child, (4) identify contingency plan for Child illness, (5) identify emergency designees, and (6) collect data required by USDA food program.

4. Routine Uses. Information on immunization and medical problems will be used as part of the program admission screening procedure. Family income data will be used to determine USDA food program qualification and rate structures. Medical consent information is furnished to the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent.

5. Disclosure. Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

6. Statements of Understanding.
   a. I have received the CYS Parent Handbook and will abide by all policies.
   b. I acknowledge that CYS facilities are under video surveillance.
   c. I have reviewed the Household and Family information file. To the best of my knowledge, the information provided to CYS is accurate and complete.
   d. I consent to the following in reference to the care of my child: Yes ☐ No ☐

   i. Participation in on/off post excursions accompanied by CYSS personnel with prior knowledge. Yes ☐ No ☐

   ii. Transportation in a government or commercial vehicle is authorized for field trips or emergency situations. Yes ☐ No ☐

   iii. Use of photographs of my child for release to the Installation newspaper, civilian media, or to copyright and/or reuse in other military or civilian publications or on the Installation websites. Yes ☐ No ☐

7. Medical Consent Statement.
   a. I give consent by signing this agreement, for an authorized Child and Youth Services (CYS) representative to take my Child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being.
   b. I understand that a conscientious effort will be made to notify me before such action.
   c. I will pay any expenses incurred.
   d. Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3, paragraph 2-24b.

_____ _____

PARENT SIGNATURE DATE

This portion of the form can be used to capture multi-year annual updates.
****

Annual Time Period Covered by Signature: ___________________ **to** ___________________
Signature Parent/Guardian____ **Date** ____________________
Signature Center Administrator/Home Provider___________________________ **Date** ____________________
****

Annual Time Period Covered by Signature: ___________________ **to** ___________________
Signature Parent/Guardian____ **Date** ____________________
Signature Center Administrator/Home Provider___________________________ **Date** ____________________
****

Annual Time Period Covered by Signature: ___________________ **to** ___________________
Signature Parent/Guardian____ **Date** ____________________
Signature Center Administrator/Home Provider___________________________ **Date** ____________________
****

Annual Time Period Covered by Signature: ___________________ **to** ___________________
Signature Parent/Guardian____ **Date** ____________________
Signature Center Administrator/Home Provider___________________________ **Date** ____________________
****

Reset Form

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

CYS SERVICES PROGRAMS HEALTH/DEVELOPMENTAL SCREENING

For use of this form, see AR 608-75; the proponent agency is ACSIM.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

FOR POS COMPLETION ONLY

☐ Initial Registration
On waiting list? ☐ Yes ☐ No
Date care needed? _____

☐ Re-registration/already in program
☐ Current Program
☐ Change in Condition

Date in from Patron: _____
Date out to APHN: _____

PART A- GENERAL INFORMATION *(Parent completes)*

Child/Youth's Name	Child/Youth School Grade *(example: 3rd Grade)*	Date of Birth *(YYYY-MM-DD)*	Age

Type of Program Requested *(check all that apply):*

☐ Hourly Care ☐ Full Day Care ☐ Middle School/Teen Program ☐ Summer Camp ☐ Other: _____
☐ Part Day Care ☐ Before/After School Care ☐ SKIES/Instructional Classes ☐ Sports

Sponsor Name	Sponsor Email *(AKO)*	
Spouse Name	Spouse Email	Sponsor DOB (YYYY-MM-DD)

Home Phone	Cell Phone	Sponsor Unit
Home Address		Sponsor Duty Phone

PART B - CHILD / YOUTH MEDICAL / DEVELOPMENTAL CONDITIONS *(check yes or no)*

Does your child/youth have:

1. Asthma/Reactive Airway Disease/Breathing Problems? ☐ Yes ☐ No
   a. Does it require a rescue medication? ☐ Yes ☐ No
2. Allergies? List: ☐ Yes ☐ No
   a. Does it require a rescue medication? ☐ Yes ☐ No
3. Dietary Restrictions? ☐ Yes ☐ No
   ☐ a. Medically-based ☐ b. Religiously-based
4. Diabetes? ☐ Yes ☐ No
5. Epilepsy/Seizures? ☐ Yes ☐ No
6. Attention Deficit/Hyperactivity Disorder (ADD/ADHD)? ☐ Yes ☐ No
   a. Is your child/youth prescribed medication? ☐ Yes ☐ No
7. Diagnosed Behavior/Conduct concerns? ☐ Yes ☐ No
   a. Is your child/youth prescribed medication? ☐ Yes ☐ No
8. Emotional problems/difficulties? ☐ Yes ☐ No
9. Autism Spectrum Disorder? ☐ Yes ☐ No
10. Developmental Disability? ☐ Yes ☐ No
11. Visual problems/difficulties not corrected by glasses/ contacts? ☐ Yes ☐ No
12. Hearing problems/difficulties? ☐ Yes ☐ No
13. Speech/language delays? ☐ Yes ☐ No
14. Other developmental delays? ☐ Yes ☐ No
15. Physical disability? ☐ Yes ☐ No
16. Other medical condition or concerns? If yes, please explain: ☐ Yes ☐ No

PART C - MEDICATIONS

List any medications that are prescribed for your child/youth:

Will your child require medication administration during child care/youth supervision hours? ☐ Yes ☐ No

Child/Youth's Name: _____

PART D - EARLY INTERVENTION AND SPECIAL EDUCATION

Does your child/youth receive special services/therapies? ☐ Yes ☐ No
If yes, please specify:

Does your child/youth have an:

a. Individualized Education Plan (IEP) ☐ Yes ☐ No

b. Individualized Family Service Plan (IFSP) ☐ Yes ☐ No

c. 504 Plan ☐ Yes ☐ No

PART E - EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

Is your child enrolled in the EFMP? ☐ Yes ☐ No
If yes, specify for what condition:

If you have answered NO to all the questions above or YES to ONLY Part B, 3b., sign and date below, indicating that the information above is accurate and complete to the best of your knowledge.

Printed Name of Parent/Personal Representative of Child/Youth	Signature of Parent/Personal Representative of Child/Youth	Date *(YYYY-MM-DD)*

If you answered YES to any of the questions above (OTHER THAN PART B, 3b.), complete Part F below.

Child, Youth and School Services strives to provide the safest and healthiest environment for your child/youth and relies on your accurate and honest information to support this goal. Please understand that placement and/or care for your child/youth could be delayed/suspended if information is falsified or intentionally omitted on registration documentation. If there are any changes to your child/youth's health status please notify CYS Services immediately.

PART F - RELEASE OF INFORMATION

Is this child/youth currently covered by TRICARE or other military health care? ☐ Yes ☐ No

I authorize _____ to release any medical information regarding my child
(name of Medical Treatment Facility or physician's practice)

_____ to the _____
(name of child) *(name of installation)*

Child, Youth & School (CYS) services and Multidisciplinary Inclusion Action Team (MIAT) personnel, are necessary to conduct a MIAT review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the MIAT team on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025, 18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Printed Name of Parent/Personal Representative of Child/Youth	Signature of Parent/Personal Representative of Child/Youth	Date *(YYYY-MM-DD)*

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
2405 GUN SHED ROAD
JOINT BASE SAN ANTONIO FORT SAM HOUSTON, TX 78234-1223

Dear Family,

JUL 20 2020

This letter is to inform you of Department of Defense changes to priorities for child care and how they may impact you. The intent of these changes is to ensure priority access to child care for military members.

The new priority system becomes effective on September 1, 2020 and applies to all new requests for child care and to children currently enrolled in full-day and regularly scheduled school-age care in military Child Development Centers, 24/7 Child Development Centers, School Age Care centers, and Family Child Care Homes.

The updated Department of Defense child care priorities are listed at the enclosure. All child care placement offers must be made through militarychildcare.com in accordance with the new priorities. Children will be placed on a wait list, according to priority, when there is not sufficient child care capacity to meet demand.

Children may be supplanted from care by children in higher priority categories whose wait times exceed 45-days beyond the date care is needed. Enclosure provides category priorities and details on patrons who may be supplanted.

Families of children who are supplanted will receive 45-day notices and may request new placements, according to their priorities, on militarychildcare.com.

Families receiving notification of supplanting may be eligible for Army Fee Assistance to help pay the cost of off-post child care and may receive enhanced referrals to help them find off-post child care. Fee assistance enrollment is in accordance with the Department of Defense priority system when there is a wait list based on funding availability. Patrons must meet eligibility requirements for Army Fee Assistance. Child and Youth Services professional are available to support and answer any questions.

Additionally, providers must meet qualification requirements and be approved. More information is available at: https://www.childcareaware.org/fee-assistancerespite/military-families/army/.

Please contact your local Child and Youth Services Program Manager for more information.

Sincerely,

Douglas M. Gabram
Lieutenant General, U.S. Army
Commanding

Enclosure

Department of Defense Priorities for Child Care

Priority 1A, CDP Direct Care Staff. The children of CDP Direct Care Staff are placed into care ahead of all other eligible patrons.

CDP Direct Care Staff are employees, paid from either Appropriated Funds (APF) or Non-appropriated Funds (NAF) responsible for the care of children enrolled in CDCs and SACs. CDP Direct Care staff are staff members whose main responsibility focuses on providing care to children and youth.

Priority 1A patrons may not be supplanted.

Priority 1B, in the following order of precedence: (a) Single or Dual Active Duty Members, (b) Single or Dual Guard or Reserve members on Active Duty or Inactive Duty Training Status, (c) Active Duty with Full-time Working Spouses, and (d) Guard or Reserve members on Active Duty or Inactive Duty training status with full-time working spouses.

Children of 1B priority patrons will be placed into care ahead of other eligible patrons, except Priority 1A patrons.

Priority 1B patrons may not be supplanted.

Priority 1C, in the following order of precedence: (a) Active Duty Members with part-time working spouses or spouses seeking employment and (b) Guard or Reserve members on Active Duty or Inactive Duty training status with a part-time working spouses or spouses seeking employment.

Children of 1C priority patrons will be placed into care ahead of all other eligible patrons, with the exception of Priorities 1A and 1B.

Priority 1C patrons may be supplanted by eligible patrons in Priority 1A or 1B whose anticipated placement time exceeds 45 days beyond the dates care is needed, as indicated in militarychildcare.com.

Priority 1D, in the following order of precedence: (a) Active Duty members with spouses enrolled full time in post-secondary institutions, or (b) Guard and Reserve members on Active Duty or Inactive Duty training status with spouses enrolled full time in post-secondary institutions.

Children of 1D priority patrons will be placed into care ahead of other eligible patrons, with the exception of Priorities 1A, 1B, and 1C.

Priority 1D patrons may be supplanted by eligible patrons in Priority 1A, 1B, or 1C whose anticipated placement time exceeds 45 days beyond dates care is needed, as indicated in militarychildcare.com.

Priority 2, DoD Civilians. Children of DoD civilians will be placed in the following order of precedence: (a) Single or dual DoD Civilian Employees, and (b) DoD Civilian Employees with full-time working spouses.

DoD civilian patrons may only be supplanted by eligible Priority 1A or 1B patrons whose anticipated placement time exceeds 45 days beyond dates care needed as indicated in militarychildcare.com.

Priority 3, Space Available. When Priority 1 and 2 patrons are placed into care, CYS Services may place other eligible patrons not identified in Priority 1 and 2 into space available care.

Space Available patrons will be placed in the following order of precedence: (a) Active Duty with non-working spouses, (b) DoD Civilian employees with spouses seeking employment, (c) DoD Civilian Employees with spouses enrolled in fulltime post-secondary education programs, (d) Gold Star spouses, (e) DoD Contractors, and (f) other eligible patrons.

Space available patrons may be supplanted by priority 1 or 2 patrons whose anticipated placement times exceeds 45 days beyond dates care needed as indicated in militarychildcare.com.

Sponsor's name: _____

Sponsor's signature: _____

Date: _____

Encl