

Clerk Initials: _____

Date: _____

CHILD DEVELOPMENT CENTER / SCHOOL-AGE SERVICES WAITING LIST

Please print all information clearly

Today's Date _____ Time _____ Date Child Care Is Needed _____

Sponsor's Name _____ Rank _____ SSN _____

Sponsor's Unit _____ Duty Phone _____

Home Address _____ Home Phone _____

_____ Cell Phone _____

Spouse's Name _____ Alternate Phone _____

Spouse's Rank / Grade, if applicable _____

Provide information for each child needing child care:

#1 Child's Name _____ DOB _____ Age _____

#2 Child's Name _____ DOB _____ Age _____

#3 Child's Name _____ DOB _____ Age _____

#4 Child's Name _____ DOB _____ Age _____

PLEASE MARK YOUR CHOICE (S)

Full Day Care: 06 weeks-5 years old; 05:30 – 1800 Monday – Friday, accept federal holidays

_____ Fort Hood CDC _____ Clear Creek CDC _____ Comanche CDC

Part Day Preschool: 3-5 yrs, Monday – Friday, accept federal holidays. Part day preschool will be closed for KISD school holidays, summer breaks and with prior notice some training holidays.

_____ Clear Creek CDC _____ Comanche CDC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: Section 3012, Title 10, United States Code

Principal Purpose: Information is for the use of Army child Development Services / School Age Services Programs

Routine Uses: No information is disclosed outside DOD. Disclosure is voluntary; however, if information is not provided, individuals may not be able to participate in Child Development Services (CDS) / School Age Services (SAS) programs.

Please Complete Reverse Side of Page.

ALL INFORMATION MUST BE COMPLETE IN ORDER FOR YOUR WAITING LIST APPLICATION TO BE PROCESSED.

I understand that:

(1) There is not waiting list for spaces in certified child care homes on Fort Hood (Family Child Care).

(2) Priority for spaces in child development centers is determined by the date children are placed on the waiting list. Length of waiting list time can not be predicted. When parents are offered a space, they have 24 hours to pick up the placement confirmation form and schedule an orientation appointment for the child to start within two weeks. Acceptance also includes registering the child(ren), if registration was not already completed.

(3) Any changes in information on this request form should be made by completing a waiting list update/confirmation form (available at registration office) or via telephone.

(4) Children's names will be deleted if parent (a) can not be reached at the telephone numbers given, (b) decline a space meeting the date and program/location preference stated, (c) do not pick up the placement confirmation form or (d) do not confirm their desire to keep child(ren) on the waiting list. Confirmation is made quarterly in the group during which child(ren) are put on the list as shown on the schedule below. Example – If the child is put on the list in January, confirmation is made each month in that group until parents have been offered a space. Confirmation may be made by completing the confirmation form at Central Enrollment Registry.

JAN, APR, JUL, OCT

FEB, MAY, AUG, NOV

MAR, JUN, SEP, DEC

Unborn infants will also be deleted if parents do not confirm their desires to keep the unborn child on the list. When unborn infants are born, the parents are required to update with the name and the date of birth.

Parent's Signature

Date

Check the category which best describes your current situation:

- ____ Sole (Single) parent military
- ____ Dual military parents
- ____ Military w/DOD employed spouse
- ____ Military w/employed spouse
- ____ Military w/unemployed spouse
- ____ Military or DOD w/student spouse

- ____ Sole (single) parent, DOD employee
- ____ Dual DOD parents
- ____ Military Reserve – Active Status
- ____ Retired military
- ____ National Guard
- ____ Other (specify) _____