



Air Force FCC Subsidy Registration Checklist

CHILD'S NAME					DOB	
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY	AGE		
1)						
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY	AGE		
2)						
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY	AGE		
3)						

SPONSOR NAME (Last, First)			
DUTY PHONE	Area Code ()		
SPONSOR BRANCH OF SERVICE			
SPONSOR GRADE and RANK			
HOME PHONE	Area Code ()		
HOME ADDRESS			City/Zip Code
SPOUSE NAME			
SPOUSE DUTY PHONE	Area Code ()		
PROVIDER NAME (FCC Provider)			
SPONSOR EMAIL ADDRESS			

START DATE (Child #1)	
START DATE (Child #2)	
START DATE (Child #3)	

REGISTRATION CHECKLIST *(all items must be completed prior to receiving subsidy):*

- Enrollment documentation with Provider completed
- Income documentation provided and verified
- DD Form 2652 completed
- Full-time student status verified (if applicable)
- FCC Coordinator Parent Briefing conducted

Printed Name of FCC Representative:			
Position Title:			
Email Address:			
Office DSN Phone Number:	Area		

Signature of FCC Representative: _____ **Date:** _____