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| **Air Force FCC Subsidy Registration Checklist** |
|  |
| **CHILD'S NAME** | **DOB** |  |
| *Last* | *First* | *Middle* | DD/MM/YY | AGE |
| 1) |  |  |  |  |
| *Last* | *First* | *Middle* | DD/MM/YY | AGE |
| 2)  |  |  |  |  |
| *Last* | *First* | *Middle* | DD/MM/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** |  |  |
| **SPOUSE NAME** |  |
| **SPOUSE DUTY PHONE** | **Area Code**  |  |
| **PROVIDER NAME** |  |
|  |  |
|  |
| **START DATE (Child #1)** |  |
| **START DATE (Child #2)** |  |
| **START DATE (Child #3)** |  |
|  |
| **REGISTRATION CHECKLIST** *(all items must be completed prior to receiving subsidy):* |
| x | Enrollment documentation with Provider completed |  |
| x | Income documentation provided and verified |
| x | DD Form 2652 completed |
| x | Full-time student status verified (if applicable) |
| x | FCC Coordinator Parent Briefing conducted |
|  |
| **Printed Name of FCC Representative:** |   |
| **Position Title:** | Community Child Care Coordinator |
| **Email Address:** | 316FSS.CY.FCC@us.af.mil |
| **Office DSN Phone Number:** | 301-981-2123 |
| **Signature of FCC Representative: Date:**  |