|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | |