## JBER Family Child Care Expanded Child Care Programs Registration Form

QUALIFYING SPONSOR			
Last Name:			
First Name:			
Email:			
Telephone Numbers:	Work:	Cell/Home:	
Rank:			
Unit/Office Symbol:			
Supervisor's Rank/Name:			
Marital Status:			
QUALIFYING STATUS	<ul> <li>Active Duty</li> <li>Guard Member</li> </ul>		
	$\bigcirc$ Reserve Member		
	O DoD Civilian		
	O DoD Contractor		
	🔿 US Air Force		
BRANCH OF SERVICE	O US Army		
	O US Coast Guard		
	O US Marine Corps		
	🔵 US Navy		
SDOLISE			
SPOUSE			
Last Name:			
Last Name: First Name:			
Last Name: First Name: Email:			
Last Name: First Name: Email: Telephone Numbers:	Work:	Cell/Home:	
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their	Work:	Cell/Home: Branch of Service:	
Last Name: First Name: Email: Telephone Numbers:	Work:		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?:	Work: Yes No		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?:	Work: Yes No Active Duty Guard Member Reserve Member		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status:	Work: Yes No Active Duty Guard Member Reserve Member		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank: Unit/Office Symbol:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank: Unit/Office Symbol: Supervisor's Rank/Name:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian DoD Contractor		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank: Unit/Office Symbol: Supervisor's Rank/Name:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian DoD Contractor		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank: Unit/Office Symbol: Supervisor's Rank/Name: Child/ren Name & DoB	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian DoD Contractor		
Last Name: First Name: Email: Telephone Numbers: Does spouse qualify as their own sponsor?: If "yes", Qualifying Status: Rank: Unit/Office Symbol: Supervisor's Rank/Name:	Work: Yes No Active Duty Guard Member Reserve Member DoD Civilian DoD Contractor		