

# JBER Family Child Care Expanded Child Care Programs Registration Form

<b>QUALIFYING SPONSOR</b>		
Last Name:		
First Name:		
Email:		
Telephone Numbers:	Work:	Cell/Home:
Rank:		
Unit/Office Symbol:		
Supervisor's Rank/Name:		
Marital Status:		
<b>QUALIFYING STATUS</b>	<input type="radio"/> Active Duty <input type="radio"/> Guard Member <input type="radio"/> Reserve Member <input type="radio"/> DoD Civilian <input type="radio"/> DoD Contractor	
<b>BRANCH OF SERVICE</b>	<input type="radio"/> US Air Force <input type="radio"/> US Army <input type="radio"/> US Coast Guard <input type="radio"/> US Marine Corps <input type="radio"/> US Navy	
<b>SPOUSE</b>		
Last Name:		
First Name:		
Email:		
Telephone Numbers:	Work:	Cell/Home:
Does spouse qualify as their own sponsor?:	<input type="radio"/> Yes <input type="radio"/> No	Branch of Service:
If "yes", Qualifying Status:	<input type="radio"/> Active Duty <input type="radio"/> Guard Member <input type="radio"/> Reserve Member <input type="radio"/> DoD Civilian <input type="radio"/> DoD Contractor	
Rank:		
Unit/Office Symbol:		
Supervisor's Rank/Name:		
<b>Child/ren Name &amp; DoB:</b>		
<b>REMARKS:</b>		