

Air Force Family Child Care Expanded Child Care (AF FCC ECC)

AF FCC Subsidy – complete only if applicable –

I am requesting enrollment in the AF FCC Subsidy Program. I understand I am required to be on the waiting list for either the CDC or SA Program (if applicable). If I am offered a full-time space in the CDC or SA Program and I decline the space and there is no active waiting list (meaning another child/youth to take the space), then AF FCC Subsidy is discontinued.

Parent (First and Last Name) print _____

Date _____

AF FCC EDC

I am required to work in support of mission requirements. There is no one else in my home available to provide care during the hours that I am required to work. For Missile and Supplemental Care, provide a copy of your monthly work schedule(s). Extended Duty Care Missile Care Supplemental Care

I purchase regular child care from: CDC FCC SA Program Other: _____

I meet the requirements to use the following program:

- Home Community Care – I am required to work my primary UTA weekend and there is no one else in my home available to provide care during the hours I am required to work.
- Returning Home Care - I am returning from a deployment of 30 days or more.
- PLAYpass Pre-Deployment Child Care - I am scheduled to deploy within 30 days. Provide a copy of orders with request.
- PLAYpass Deployment Child Care – My spouse is deployed for 30 days or more. Provide a copy of orders with request.
- Medical Care - I am experiencing a medical emergency for a family member. Approval required by AFPC/SVPYC.
- Wounded Warrior Care - I am a Wounded Warrior and I require hourly child care to attend appointments. Approval required by AFPC/SVPYC.
- Child Care for Fallen Warriors - I have a fallen military family member and require hourly child care for appointments. Approval required by AFPC/SVPYC.
- Permanent Change of Station Child Care – I am an Army, Marine, or Navy member assigned to an active duty AF Installation and I am requesting 20 hours of child care during my PCS move.
- OCONUS Respite Care – I have an Exceptional Family Member (EFM) Child and I am requesting respite care. Approval required by AFPC/SVPYC – available only at select OCONUS installations.

Parent's Signature _____

Home/Cell Phone # _____

Date _____

Parent's Personal E-mail Address _____

Duty Number _____

SUPERVISOR(print name) Last, First, Rank _____

Duty Number _____

Supervisor's Signature and Date _____

CHILD'S NAME: _____

BIRTHDATE: _____
Month /Day/Year

CHILD'S NAME: _____

BIRTHDATE: _____
Month/Day/Year

CHILD'S NAME: _____

BIRTHDATE: _____
Month/Day/Year

DATES AND TIMES NEEDED and Preferred Provider: _____