

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 Signature

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. Provide a copy of orders with request. (This is for 16 hrs. of care per child to be used over a 6 month period.)

Pre-Deployment Child Care - I am scheduled to deploy within 30 days. Provide a copy of orders with request. . (This is for 16 hrs. of care per child to be used over a 6 month period.)

Deployment Child Care – My spouse is deployed for 30 days or more. Provide a copy of orders with request. . (This is for 16 hrs. of care per child to be used over a 6 month period.)

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/Rank

Date

Parent's e-mail address

Duty Number

Home/Phone Number

Supervisor's Signature/Duty Phone

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 _____

Spouses Name/Rank: _____ Employer: _____

Cancellation/No Show Policy:

{Families should have a plan to meet all their child care needs. AF FCC ECC programs should be considered the "back-up plan."} The cancellation policy requires that you notify both the provider and the FCC Coordinator. If the coordinator is not in the office please leave a message on the answering machine and I will log it in when I return.

There is also a "No Show" policy which is as follows:

1. If the sponsor is scheduled for multiple days and is a No Show, the entire reservation is cancelled
2. The parent will receive a warning the first time.
 - a.) A second No Show within a 12 month period, the family's enrollments in the program will be ended.