

Parent/Military Sponsor Name: \_\_\_\_\_

**SECTION B. CHILD CARE PROVIDER INFORMATION**

Provider/Program Name: \_\_\_\_\_  
(As is appears on license/registration)

Provider/Program Address: (please indicate the address where care is provided)

\_\_\_\_\_  
Street Name and Number City State Zip Code

County in which care is provided: \_\_\_\_\_

Provider/Program telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Second Provider (if needed)**

Provider/Program Name: \_\_\_\_\_  
(As is appears on license/registration)

Provider/Program Address: (please indicate the address where care is provided)

\_\_\_\_\_  
Street Name and Number City State Zip Code

County in which care is provided: \_\_\_\_\_

Provider/Program telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date Care Begins: \_\_\_/\_\_\_/\_\_\_\_\_

Date Care Ended (if applicable): \_\_\_/\_\_\_/\_\_\_\_\_

**NAMES OF CHILDREN TO BE CARED FOR THROUGH MILITARY SUBSIDY PROGRAMS**

Name of Child(ren)	Date of Birth	Gender (M/F)	Provider/Program Name
1.			
2.			
3.			
4.			

**SCHEDULE OF CARE**

Name of Child(ren)	Days Children are in Care (Check all that apply)							Hours Children are in Care	
	SUN	MON	TUE	WED	THU	FRI	SAT	From	To
1.									
2.									
3.									
4.									