



**CHILD CARE AWARE® of AMERICA FEE ASSISTANCE
INFORMATION UPDATE REQUEST FORM**

TODAY'S DATE: _____

Family ID# _____ Duty Station: _____

Sponsor Name: _____ Spouse Name: _____

Family Type (e.g. Single/Dual Active Duty, Active Duty w/Working/Looking for Work/Student Spouse, etc.):

Sponsor Home/Cell Number: _____ Spouse Home/Cell Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Sponsor Email Address _____ Spouse Email Address: _____

Child Care Provider Name: _____
(As is appears on license/registration)

Child Care Provider Address (actual location of where care will be provided):

Street Name and Number City State Zip Code

Child Care Provider Number: (_____) _____ - _____ E-Mail Address: _____

Date Care Begins: ____/____/____ Date Care Ends (if applicable): ____/____/____

CHILD INFORMATION

Name of Child(ren)	Date of Birth	Gender (M/F)	Type of Care (Full/Part Time, Before/After School, Summer)	Provider/Program Name
1.				
2.				
3.				
4.				

SCHEDULE OF CARE (please identify the days and hours a week your children will need childcare)

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.									