Commander's Verification Form Weekend Drill Child Care			
Name of Soldier	of Soldier		
Unit of Assignment		Unit Address	
Name of Commander		Full-Time Staff (FTS) Representative	
FTS Phone		FTS Email	
Commanders Quarterly Verification			
I hereby declare to all concerned thatis in good standing (attending drills in a satifactory manner) with the unit. I have reviewed the program requirements as outlined on the Parent Enrollment Application Form with the Soldier and I validated the Soldier meets all eligibility requirements.			
Select:			
Date	CMD Electronic Signature Only		
Date	Soldiers Electronic Signature Only		