



ARNG WDCC Program Request for Care Form

You must submit this form to CCAoA monthly. The request must be received no later than the first day of the month, prior to your scheduled drill commitment. Reservations are completed on a first come, first served basis. A signed copy of the Commanders Endorsement Form must be submitted with your completed Request for Care Form.

Request should be submitted to ARNGWDCC@usa.childcareaware.org

Family ID:	
Service Member Name:	
Spouse Name:	
Please indicate if care is needed near home or duty location:	
Home Address:	
Secondary Address(es) of Transporting Parent, please specify which parent (work/school): <i>Only complete this section if you need care options near this location</i>	
Phone Number:	
Email:	
Name and DOB of child(ren) needing care:	
Date and hours of care needed:	
Any special child care accommodations needed (Medical/Special Needs/Allergies, etc., please be as detailed as possible):	
Any additional information:	
Provider in mind (if applicable): Please complete this section if you have a care provider who meets eligibility requirements	