



ARNG WDCC Program Cancellation of Child Care Request

Please submit a completed copy of the Cancellation of Child Care Request Form to CCAoA at ARNGWDCC@usa.childcareaware.org and copy the ARNG Weekend Drill Care central email box at arng_cys@army.mil.

Family Name: _____ Current Date: _____

Unit of assignment: _____ Drill Dates: _____

Unit POC: _____ Unit Phone Number: _____

Did you alert CCAoA? yes no

Care Provider Assigned by CCAoA: _____

Did you alert the assigned care provider? yes no

Do you have a signed cancellation agreement with the assigned care provider? yes no

***ARNG will NOT pay for care that was not delivered. As a result, if you are not in compliance with the care provider's cancellation policy, you may be held liable for the care.

Reason for Cancellation:

- _____ Found Care
- _____ Rescheduled/Cancelled Training
- _____ Spouses work/school schedule change
- _____ Child/Family illness
- _____ Inclement weather
- _____ Other

The ARNG will not incur a cost or provide direct payment to the Child Care Service Provider for no shows or cancellations. For the first no show or cancellation violation the ARNG Soldier will receive a warning; the second violation will result in suspension from the WDCC child care program for six (6) months; a third violation will result in a permanent loss of access to the WDCC child care program. The CYS PM will provide warning notices, suspension, and disqualification notices to CCAoA.

_____ I acknowledge the ARNG will not pay for care not provided.
Initial here

_____ I acknowledge the Child Care Service Provider's cancellation policy may require
Initial here payment for no shows and/or cancellations within the ten (10) day cancellation timeline.

(Soldier's Signature)

(Date)