



ARNG Weekend Drill Child Care (WDCC) Parent Enrollment Application

Please complete this application and fax to 571-544-7081 or mail to ARNGWDCC@usa.childcareaware.org

Enrollment Status: (Check one)

I am already enrolled in a Child Care Aware® of America-operated fee assistance program (e.g., MCCYN, MCCYN Plus) and I want to register for ARNG WDCC Child Care.

I am not currently enrolled in a Child Care Aware® of America-operated fee assistance program; I only want to register for ARNG WDCC Child Care.

I am updating or renewing an earlier ARNG WDCC Child Care enrollment application with a new dependent.

I am updating or renewing an earlier ARNG WDCC Child Care enrollment application with a new duty location.

Document Checklist: I am submitting the following documents with my enrollment application

- Copy of Year Training Calendar
- Copy of child(ren)’s birth certificate(s)
- Copy of spouse/domestic partner work verification (if applicable)
- Copy of spouse/domestic partner school verification (if applicable)
- Copy of Commander Verification Form

Please check if the statement applies:

I have a dependent that requires special consideration such as medication, allergies, dietary limitation etc. during care hours.

If yes, please describe your needs:

Please confirm if you are looking for care. Include the complete physical location address:

1. Duty Location

Street city state zip code

2. Home of Record (If care is needed closer to work/school, please confirm the address.)

Street city state zip code



Household Information

SERVICE MEMBER/SPONSOR CONTACT INFORMATION (REQUIRED):

Last Name First Name M.I. Date of Birth

Grade Duty Telephone # Home Telephone #

Street Address

City State Zip code

Is this the address where the child resides? Yes No

Duty Location:

Email address (used for all communication):

Please select, if applicable: Single Soldier Dual Military

If Dual Military, provide spouse's rank:

SERVICE MEMBER SPOUSE CONTACT INFORMATION, IF APPLICABLE:

Last Name First Name M.I. Date of Birth

Grade Telephone # Home Telephone #

Street Address

City

State

Zip code

Email address:

Child Care Provider Information

IF YOU HAVE A CHILD CARE PROVIDER, PLEASE COMPLETE THE FOLLOWING SECTION:

Provider/Program Name (as it appears on license/registration):

Provider/Program Address (where care is provided):

Street Address

City

State

Zip code

County in which care is provided:

Provider/Program Telephone Number:

Email Address:



PARENT/LEGAL GUARDIAN CERTIFICATION: *(Please read carefully, check all boxes, sign, and date in designated area.)*

I CERTIFY THAT:

- I am the parent or legal guardian of the child(ren) listed and I may be required to submit proof of such to participate in the United States Army National Guard (USARNG) Weekend Drill Care (WDCC) Program.
- All information submitted in this application is true and correct. Any misrepresentation of this information may result in reclaiming any money paid for child care and may result in prosecution under applicable State and Federal laws. See 18 U.S.C. § 1001.

I UNDERSTAND THAT:

- I must submit proof of my continued eligibility for this program when requested.
- This information is being given in connection with military funds used to reduce the cost of child care, and the ARNG and Child Care Aware® of America (CCAoA) officials may verify any information on this application at any time they deem necessary.
- This program is not an entitlement program and is subject to the availability of funds, which may be discontinued at any time.
- All program policies and guidelines are set forth by the funding entity's requirements, including but not limited to sponsor status, provider eligibility, schedule of care, number of hours of care, and more. CCAoA serves only as the program administrator. If I do not meet the minimum requirements set forth by the funding entity, then I am not eligible for the program.
- Fee assistance for which I am eligible is based on my program eligibility and if there are any changes to my situation, I must make CCAoA aware the ARNG of those changes immediately.
- Both parents'/legal guardians' information must be listed on the application unless I am a single parent with sole custody.
- I must select a qualified child care provider/program that meets my program's requirements to participate in the fee assistance program. These requirements include but are not limited to a state license and an inspection report free of disqualifying incidents. Some programs may require a national accreditation. Programs/providers who do not meet the eligibility requirements of my program and who are not qualified for my program will not be reimbursed. For more information on provider eligibility, please visit <https://www.childcareaware.org/fee-assistancerespice/ntc-providers/>.
- A provider's/program's probation or disqualification from the fee assistance program may result due to severe non-compliances or a change in the provider's/program's state licensing status. Fee assistance will not be issued to providers/programs who are disqualified.
- To be able to continue with the fee assistance program, I must choose a new eligible provider.
- I must give CCAoA and the ARNG a minimum of ten (10) calendar days' notice prior to canceling scheduled care.
- I may be responsible for any child care fees that are result from charges outlined in the child care providers cancellation policy.
- If I use a back-up child care provider/program, CCAoA must reimburse the primary child care provider/program first.



- Failure to adhere to the ARNG no show/cancellation policies could result in permanent loss of access to the ARNG WDCC child care program.
- I must submit a reservation to request care no later than the first of the month prior to my drill month if care is needed.
- I must complete any necessary enrollment/agreement forms required by my child care provider
- I may not receive subsidies or fee assistance from both military-sponsored child care and the Fee Assistance Program at the same time.
- These discounts must be reported and applied up front at the time of processing.
- CCAoA will only make payments directly to the child care provider/program and not to me.
- I am responsible for all payment to the child care provider for care used outside of authorized hours.
- I must remain in good standing with the ARNG and my unit of assignment.
- Attendance sheets must be completed, signed by the parent/legal guardian and child care provider, and submitted to CCAoA within 5 days of services provided. Failure to submit attendance sheets within this timeframe will result in forfeiture of payment. For more information on Payment Policies, please visit <https://www.childcareaware.org/fee-assistancerespite/military-families/army/arngwdcc/>
- Payments may be prorated based on the hours of care provided.
- Reservations are completed on a first come, first served basis.
- I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in immediate termination of my fee assistance and of my participation in the Fee Assistance Program and I may be required to re-pay any money paid on my behalf.

Parent/Legal Guardian (print name)

Parent/Legal Guardian Signature

Date

Company Commander (print name)

Company Commander Signature

Date