

# Air Force Family Child Care Expanded Child Care (AF FCC ECC)

All AF FCC ECC requires approval by AFMC/SVPHYC.

All AF FCC ECC availability is based on funding and child care spaces.

AF FCC Subsidy – complete only if applicable

I am requesting enrollment in the AF FCC Subsidy Program. I understand I am required to be on the waiting list for either the CDC or SA Program (if applicable). If I am offered a full-time space in the CDC or SA Program and I decline the space and there is no active waiting list (meaning another child/youth to take the space), then AF FCC Subsidy is discontinued.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## AF FCC EDC

I am required to work in support of mission requirements. There is no one else in my home available to provide care during the hours that I am required to work. For Missile and Supplemental Care, provide a copy of your monthly work schedule(s).  Extended Duty Care  Missile Care  Supplemental Care

I purchase regular child care from: CDC FCC SA Program Other: \_\_\_\_\_

I meet the requirements to use the following program: \_\_\_\_\_ Military Spouse Appointment Care

Home Community Care - I am required to work my primary UTA weekend and there is no one else in my home available to provide care during the hours I am required to work.

Returning Home Care - I am returning from a deployment of 30 days or more in support of a contingency operation - TDY orders required

Pre-Deployment Child Care - I am scheduled to deploy within 30 days in support of a contingency operation - TDY orders required

Deployment Child Care - My spouse is deployed for 30 days or more in support of a contingency operation - TDY orders required

Navy Ombudsmen Care – I am required to participate in approved Navy Ombudsmen activities

Medical Care - I am experiencing a medical emergency for a family member. Medical documentation required

Wounded Warrior Care - I am a Wounded Warrior and I require hourly child care to attend appointments.

Child Care for Fallen Warriors - I have a fallen military family member and require hourly child care for appointments.

Permanent Change of Station Child Care - I am an Army, Marine, or Navy member assigned to an active duty AF Installation and I am requesting 20 hours of child care during my PCS move.

OCONUS Respite Care - I have an Exceptional Family Member (EFM) Child and I am requesting respite care - available only at select OCONUS installations

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's e-mail address

\_\_\_\_\_  
Duty Number

\_\_\_\_\_  
Home/Phone Number

\_\_\_\_\_  
Supervisor's Signature/Duty Phone

\_\_\_\_\_  
Date

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
Month /Day/Year

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
Month/Day/Year

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
Month/Day/Year

DATES AND TIMES NEEDED \_\_\_\_\_