

BAUMHOLDER PARENT CENTRAL SERVICES

WETZEL BLDG. 8876 | DSN: 531-3440 | CIV: 0611143 531 3440

SPONSOR INFORMATION:				
First Name:		Last Name:		
Cell Phone:		Work Phone:		
Employer/Unit:		Rank:	DEROS:	
Email:				
CMR Box#:	Bldg. / Apt #:	Village Name:		
SPOUSE INFORMATION:				
First Name:		Last Name:		
Cell Phone:		Work Phone:		
Employer/Unit:				Rank:
Email:				
Check all that may apply: Looking	for work? Student	Unemployed		
EMERGENCY CONTACTS (MINIM	UM OF 2)			
Name:Notify	P	hone Number:	Circle:	Release
Name:Notify	P	hone Number:	Circle:	Release
CHILD INFORMATION:				

First Name:		Last Name:	DOB:	_/	_/
Gender:	Grade:				
First Name:		Last Name:	DOB:	_/	_/
Gender:	Grade:				
First Name:		Last Name:	DOB:	_/	_/
Gender:	Grade:				
First Name:		Last Name:	DOB:	_/	_/
Gender:	Grade:				
*Have you already placed your child/children on the waitlist? (www.militarychildcare.com)				lo	