

REQUEST FOR CARE RECORD AND WAITING LIST AGREEMENT



CHILD & YOUTH SERVICES
CENTRAL ENROLLMENT
924 Doughten Drive
Fort Detrick MD 21702
Phone (301)619-7100.
Fax 301-619-5108



IMPORTANT INFORMATION

PLEASE COMPLETE ALL REQUESTED INFORMATION IN ITS ENTIRETY BEFORE RETURNING WAITING LIST FORM. ALSO A COPY OF YOUR AFFILIATION ID IS REQUIRED.

WAITING LIST AGREEMENT

I understand that it is my responsibility to update all information on the Request for Care Record if changes occur. Failure to update will result in the removal of my child's name from the Waiting List.

I understand that I must contact Central Enrollment (301)619-7100 a MINIMUM of once every (3) months to confirm interest in remaining on the Waiting List. Failure to confirm will result in the removal of my child's name from the Waiting List.

I understand that unborn children, children not located at Fort Detrick, and Fort children whose parents are awaiting employment at Fort Detrick will be placed on a projected care waiting list. Failure to confirm will result in the removal of my child's name from the waiting list.

I understand that when offered a CDC space I must Contact Central enrollment to accept or decline the available space within 24 hours. Failure to accept or decline will result in the removal of my child's name from the waiting list.

I understand that when offered a Family Child Care space I must contact the Provider within 24 hours to set up an interview. Failure to contact the Provider within 24 will result in the removal of my child's name from the waiting list. I must Contact Central enrollment to accept or decline the available space within 24 hours of interviewing the provider

I understand that if I accept a space, I must complete the registration packet within 48 hours and schedule an appointment with Central Enrollment to return the packet and pay a deposit. Failure to complete the packet within this time frame will result in the loss of the space and my child will be removed from the waiting list.

I understand that if I accept a space, my child(ren) must begin the program within (2) weeks of accepting the space or I will be required to pay the applicable child care fees to maintain the space. Failure to begin within (2) weeks will result in the loss of the space and my child will be removed from the waiting list.

I AGREE TO ABIDE BY THESE CONDITIONS AND ALL REGULATIONS AND STANDARD OPERATING PROCEDURES RELATING TO FORT DETRICK'S CHILD AND YOUTH SERVICES WAITING LISTS AND REQUEST FOR CARE RECORDS.

Sponsor Name: _____ Rank/Grade: _____ DOD/NON-DOD
Duty Organization: _____ E-mail _____
Spouse Name: _____ Spouse Employer: _____ FT/PT
Spouse Rank/Grade: _____ DOD/NON-DOD