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M&FP
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Dear Parents:

Thank you for choosing Camp Pendleton's Children, Youth & Teen Programs to care for your child. Currently all of our classrooms are filled; however, your child has been placed on the Waiting List effective _____.

(Date)

Please remember that it is your responsibility to keep all information for the Resource and Referral System current. Your name will be removed from the waiting list if we are unable to contact you.

As soon as an opening occurs in one of the programs you selected, and your request is next in line for that opening, you will be contacted by telephone. You will be expected to enroll and start your child when you are contacted. Keep in mind that we do not extend credit and you will be required to pay your day care fees in full at the time you enroll your child. A \$50 deposit will hold your space for up to two weeks in the event that you need to give your current provider notice. A portion of that deposit will go towards your first payment.

The Resource and Referral Office as well as the Family Child Care Office can assist you with referrals to on-base certified providers. The attached paperwork must be filled out completely and be on file in order to assist you with these referrals.

For any further questions or assistance, you may contact our Resource and Referral Office at (760)725-9723.

Resource and Referral
Children, Youth & Teen Programs

****PLEASE READ THIS LETTER CAREFULLY****

Due to an increase in demand for child care, the need to clarify the placement status of your child (ren) is necessary.

- The **DATE** that you come into the Resource and Referral office to place your child(ren) on the waiting list (or the date that our office receives your application by fax or by guard mail) is your **CONTROL DATE** (*THIS DATE NEVER CHANGES*).
** Our fax number is (760) 725-6216**

*** Parent(s) should call the R&R Office at (760) 725-9723 to confirm that we received your application***

- Parents are responsible for ensuring that the Resource and Referral Office has your current address, home telephone number and work telephone numbers for both parents. **PARENT(S)** are **RESPONSIBLE** for ensuring that the **90-DAY UPDATE FORM AND/OR NEWBORN ACTIVATION FORM** is received in our office. **IF THESE FORMS ARE NOT COMPLETED, YOU WILL BE OFFLISTED AND REMOVED FROM THE WAITING LIST.**

PLEASE NOTE: If you are in an offlisted status, it means that your child has been removed from the waiting list. This results in the loss of your control date. In order to put your child back on the waiting list, you must fill out a new application with a new control date.

- **IF YOU ARE SINGLE OR IF BOTH PARENTS ARE ACTIVE DUTY, THE DOCUMENTATION LISTED BELOW MUST BE ON FILE WITH THE R&R OFFICE BEFORE CONSIDERATION FOR PLACEMENT:**
 - ❖ **LETTER FROM COMMAND STATING SINGLE STATUS (IF SINGLE)**
 - ❖ **FAMILY CARE PLAN AND/OR POWER OF ATTORNEY FOR CARE OF CHILDREN**
 - ❖ **CUSTODY PAPERS DOCUMENTING PRIMARY PHYSICAL CUSTODY**
 - ❖ **DD1172- DEERS ENROLMENT VERIFICATION**
- Once you have been offered a space in a center, you will be taken off the waiting list; so make your selections carefully. Please take the time to arrange a tour of the centers that you have selected since **declining a space will result in removal from the waiting list**. If you need to change or add centers, you may call the office to change your information.
- When you are offered a space in a CYTP Program, you will have 24 hours to **accept or decline the space**. A **“No Response”** to the 24-hour contact will constitute that you have declined the offer and you will be removed from the list. Once you have accepted a space, you have 24 hours to pick up your enrollment packet at the **Resource & Referral office**. Once the packet has been completed and turned back into Resource and Referral, a **NON-Refundable Deposit Fee** is required. This will hold your **child’s space for up to 2-weeks** in case you need to give notice to your current provider. An orientation at the center will also be required prior to your child starting.

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
REQUEST FOR CARE RECORD**

PRIVACY ACT STATEMENT

AUTHORITY: PL 101-89 Sec. 1507; EO 9397.

ROUTINE USE(S): None.

PRINCIPAL PURPOSE(S): To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.

1. DATE OF REQUEST (YYYYMMDD)	2. EXPIRATION DATE (YYYYMMDD)
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3. FAMILY INFORMATION

a. SPONSOR'S NAME (Last, First, Middle Initial)	b. SPOUSE'S NAME (Last, First, Middle Initial)	
c. CHILD'S NAME (Last, First, Middle Initial)	d. CHILD'S DATE OF BIRTH (YYYYMMDD)	e. CHILD'S AGE
f. HOME ADDRESS (Street, City, State, Zip Code)	g. SPONSOR'S BRANCH OF SERVICE	
	RANK	
	h. DUTY ORGANIZATION	
i. HOME TELEPHONE NUMBER (Include Area Code)	j. DUTY TELEPHONE NUMBER (Include Area Code)	

k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)

(1) NAME (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)	(1) NAME (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)

4. PROGRAM(S) DESIRED (X as applicable) **5. AGE GROUP (X one)**

a. FULL-DAY CARE	e. FAMILY DAY CARE (FDC)	a. INFANTS (0 - 12 months)
b. PART-DAY CARE	f. PART-DAY ENRICHMENT	b. TODDLERS (13 - 35 months)
c. SCHOOL-AGE	g. DAY CAMP	c. PRESCHOOL (3 - 5 years)
d. SPECIAL NEEDS		d. SCHOOL AGE (5 + years)

6. SPONSOR STATUS (X one)

a. SINGLE MILITARY	e. SINGLE DOD CIVILIAN	i. MILITARY/UNEMPLOYED SPOUSE
b. DUAL MILITARY	f. RETIRED MILITARY	j. MILITARY/OTHER THAN DOD SPOUSE
c. MILITARY/DOD SPOUSE	g. MILITARY RESERVE	k. OTHER (Specify)
d. DUAL DOD CIVILIANS	h. NATIONAL GUARD	

7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)

a. FDC ON-INSTALLATION	d. CIVILIAN CDC	g. IN-HOME CARE
b. FDC OFF-INSTALLATION	e. MILITARY ALTERNATE CARE	h. NO PRESENT CARE
c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)	f. NON-MILITARY ALTERNATE CARE	i. OTHER (Specify)

8. GENERAL INFORMATION (X and complete as applicable)

YES	NO	a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)	YES	NO	c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation)
		b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?	d. CURRENT COST OF CARE PER WEEK (If child is currently in care)		

9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)

	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (YYYYMMDD)					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME (In months)					

**STATEMENT OF UNDERSTANDING
REGARDING
CHILDREN, YOUTH & TEEN PROGRAM'S RESOURCE AND REFERRAL SERVICE**

DATA REQUIRED BY PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012

PRINCIPLE PURPOSE: Information is used by Marine Corps Personnel to verify eligibility to participate in Children, Youth & Teen Programs.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be eligible to participate in Children, Youth & Teen Programs.

ROUTINE USES: Information disclosed is only to be used within Department of Defense (DOD), local/state Social Services and/or childcare agencies.

I UNDERSTAND THAT:

Selecting and retaining childcare services is a parental responsibility.

Any information provided by Children, Youth & Teen Programs is provided as a service designed to assist patrons in locating available childcare so that they may make an independent choice as to services which best meet the needs of their child(ren) and family situation. This referral does not represent an endorsement of the program or individual by the United States Marine Corps or by this installation.

The government verifies current licensure/registration of the referral programs but it does not ensure the quality of nor recommend any referral programs.

The United States assumes no responsibility under the Federal Tort Claims Act, or any other provisions of the law which would allow it to be used on account of any act or omission-criminal, intentional negligent or otherwise- by a caregiver adult that causes injury or death to a child placed under the care of that provider or program.

NAME: _____ DATE: _____
(Parent's Signature)

SPONSOR: _____ SPOUSE: _____

SPONSOR'S SOCIAL SECURITY NUMBER: _____

PHONE NUMBERS: (SPONSOR) (W) _____ (H) _____

(SPOUSE) (W) _____ (H) _____

COMPLETE

ADDRESS: (HOME) _____

**CAMP PENDLETON CHILD DEVELOPMENT CENTERS
WAITING LIST POLICY**

A. WAITING LIST INFORMATION

1. All waiting list forms must be filled out completely with signature and date. **Incomplete forms will not be processed. Forms containing inaccurate or unverifiable data may jeopardize your placement on the waiting list or cause disenrollment from the center.**
2. **A copy of the Family Care Plan/ Special Power Of Attorney for single, dual active duty and reserve service members must be on file with the waiting list form in order to be offered a space.**
3. **Parents are responsible for notifying this office of any changes of information and for signing a waiting list continuation statement every 90 days.** Changes to information can be made at any time over the telephone, however, you must either physically deliver or fax the "Resource and Referral Waiting List Continuation Form" to the Resource and Referral Office, Bldg. 13150. **Failure to update information and/or submit the waiting list continuation form will result in the child's name being removed from the waiting list.**
4. **UNBORN** Newborn Activation Forms must be updated within thirty (30) days of the child's birth to in order to be activated on the **INFANT** Waiting List.
5. Children with Special Needs must be registered with the Exceptional Family Member Program (EFMP) and have all documentation on file in order to be offered a space. Special Needs evaluation must also be completed before a space will be offered.

B. PLACEMENT POSITION

1. Priority placement on the waiting list for enrollment at the Child Development Centers (CDC) of Camp Pendleton will be determined by the current Base Order. Because of priority placement, your status on the waiting list may change anytime. **It is important that you come into the office every 90 days to sign your forms in order to remain on the waiting list.**
2. To be listed as a single parent, documentation must be provided as proof of this status. Active duty members are required to submit a letter from their commanding officer stating that the parent is single and seeking childcare. DoD employees are required to submit a letter from their personnel office stating that the parent is single and seeking childcare. A certified copy of Court Order Custody papers may be required when applicable.

C. NOTIFICATION OF AVAILABLE SPACE

When space becomes available at a center, the first person on the waiting list in that age group will be notified. Three (3) attempts at contacting the family by telephone will be made. If the family fails to contact the Resource & Referral office by the time designated, the child's name will be dropped from the waiting list and the next person on the list will be contacted. This procedure will continue until the space is filled.

D. PROCEDURE FOR ENROLLMENT

When notified a space is available, you will have one (1) working day to accept/decline the vacancy. If you accept the space, you have 24 hours to pick up your enrollment packet at the **Resource & Referral office**. Once the packet has been completed and turned back into Resource and Referral, you will be directed to pay a **NON-Refundable Deposit Fee** at the child development center. This will hold your **child's space for up to 2-weeks** in case you need to give notice to your current provider. An orientation at the Center will also be required prior to your child starting.

I have read the aforementioned policy and understand that the policy may be changed by the Commanding Officer of Camp Pendleton or his authorized representative without notification.

Parent's Signature

Date

PREFERRED CHILD DEVELOPMENT SITES:

- _____ **BROWNE CDC, BLDG 202860** (6 weeks through 1st grade)
(located near the front gate and the Staff NCO Club)
- _____ **COURTEAU CDC, BLDG 15061** (6 weeks through 4 years old)
(located near the back gate on Mainside near the main exchange)
- _____ **DELUZ CDC, BLDG 120111** (6 weeks through 1st grade)
- _____ **FISHER CHILDREN’S CENTER, BLDG 15061** (2-5 years Part Day and hourly care only).
(located near the back gate on Mainside across from the Ward Lodging)
- _____ **SAN LUIS REY CDC, BLDG 1781** (Part Day Preschool and Kinder- 1st grade)
(located near the back gate next to the stables)
- _____ **STUART MESA CDC, BLDG 310006** (6 weeks through 1st grade)
(located near the main gate near Edison Range)
- _____ **SAN ONOFRE CDC, BLDG 51080** (6 weeks through 6th grade)
(located 20 miles north of Mainside)

School Age Care Sites (SAC Program):

Please list the school your child attends and the grade he/she is in below:

School:_____ **Grade:**_____

- _____ **MARY FAY PENDLETON SAC** (2nd grade through 7th grade)
(located at Mary Fay Pendleton Elementary School / Deluz Housing Area)
- _____ **NORTH TERRACE SAC** (1st grade through 5th grade) *Limited Kindergarten options*
(located at North Terrace Elementary School / Wire Mountain Housing Area)
- _____ **SANTA MARGARITA SAC** (2nd grade through 5th grade)
(located at Santa Margarita Elementary School / Santa Margarita Housing Area)
- _____ **STUART MESA SAC** (2nd grade through 5th grade)
(located at Stuart Mesa Elementary School / Stuart Mesa Housing Area)

School age placement in the CDC/SAC program is subject to change based on availability of space

AUTHORIZED PARTICIPANT AND WAITING LIST PRIORITY INFORMATION:

Is the sponsor active duty military?

Yes No

If yes, is he/she stationed at Camp Pendleton?

Yes No If no, please list duty station._____

If the sponsor is a DoD employee, please list place of employment._____

Are you living aboard Camp Pendleton?

Yes No

Is the sponsor Retired Military?

Yes No

If sponsor is married, is spouse working 30 or more hours per week?

Yes No Place of Employment?_____

If sponsor is married is spouse attending school? If yes, is spouse registered for 12 credit hours or more per semester or equivalent?

Yes No **If yes, a certified registration showing courses & fees paid in full must be submitted.**

**STATEMENT OF UNDERSTANDING REGARDING
CARE OF CHILDREN WITH SPECIAL NEEDS**

Children Youth and Teen Programs needs to be aware of any special needs your child may have *prior* to enrolling your child into a Child Development Center (CDC), a Family Childcare (FCC) Home, a School-Age Childcare Program or an Hourly Care Facility. Every effort shall be made to provide childcare services to qualified patrons on Camp Pendleton, who have children with special needs.

Please answer the following questions below:

1. If your child has any special needs, please list the diagnosis or concern below:

2. If your child has a diagnosed special need, is he/she enrolled with the Exceptional Family Member Program (EFMP)?

YES **NO**

3. Does your child have Asthma?

YES **NO**

4. Does your child take any medication on a continual basis?

YES **NO**

5. Does your child have any mental or emotional conditions?

YES **NO**

6. Does your child have any behavioral conditions?

YES **NO**

7. Has your child had any previous surgery or is pending surgery?

YES **NO**

If yes, please Explain: _____

8. Does your child have allergies?

YES **NO**

Please list any allergies: _____

9. Do you have any special dietary request for your child (Ex: vegetarian, religious dietary restriction or lactose intolerance)?

YES **NO**

Please list any dietary requirement: _____

***If you have marked yes to any of the questions above, please request a Special Needs Packet.**

Child's Name: _____

DOB: _____

Parent Signature: _____

Date: _____