

RESOURCE AND REFERRAL WAITING LIST CONTINUATION FORM

FAX #	
FROM	
TO	RESOURCE & REFERRAL OFFICE

INSTRUCTIONS

COMPLETE THE INFORMATION BELOW AND FAX FORM BACK TO COMM: (760) 725-6216 DSN 365-6216. AFTER ALLOWING FAX TO COMPLETE TRANSMISSION CONTACT THIS OFFICE AT COMM: (760) 725-9723/DSN 365-9723 TO CONFIRM THAT FAX WAS RECEIVED BY THIS OFFICE.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

COMPLETE THE FOLLOWING INFORMATION

<i>PARENTS INFORMATION</i>		<i>TELEPHONE NUMBERS</i>	
SPONSOR'S NAME		SPONSOR'S WORK #	
SPOUSE'S NAME		SPOUSE'S WORK #	
STREET ADDRESS		HOME PHONE #	
CITY, STATE & ZIP		CHILD(REN'S) NAME	

IS SPOUSE WORKING 30 OR MORE HOURS PER WEEK? YES NO LOCATION: _____

IS SPOUSE ENROLLED IN SCHOOL FULL TIME? YES NO

(Full time students must provide proof of registration; showing courses and fees are paid in full each semester)

PRESENT CHILD CARE ARRANGEMENTS: _____

CENTER CHOICE(S): YOU MAY CHECK MORE THAN ONE SITE, HOWEVER, YOU MUST ACCEPT THE FIRST CENTER THAT BECOMES AVAILABLE. DECLINING A SPACE WILL REMOVE YOU FROM ALL WAITLISTS.

CHECK	CENTER	LOCATION	CHILDREN AGES
	BROWNE CDC	NEAR THE MAIN GATE	INFANT - 1ST GRADE
	COURTEAU CDC	NEAR THE MAIN EXCHANGE	INFANT - 4 YEARS
	DELUZ CDC	DELUZ HOUSING	INFANT - 1ST GRADE
	FISHER CHILDREN'S CENTER	ACROSS FROM WARD LODGING	2 - 5 YEARS PART DAY
	STUART MESA CDC	STUART MESA HOUSING	INFANT - 1ST GRADE
	SAN ONOFRE CDC	SEASIDE SQUARE (San Onofre Gate)	INFANT - 12 YEARS
	SAN LUIS REY CDC	NEAR BASE STABLES (Back Gate)	PART DAY PRESCHOOL KINDER - 1ST GRADE

SCHOOL AGE CARE (SAC PROGRAM) GRADES 2ND - 6TH GRADE

NAME OF SCHOOL _____	GRADE: _____
----------------------	--------------

PARENT SIGNATURE: _____ **DATE:** _____

*YOU MUST UPDATE EVERY **90 DAYS** TO STAY ACTIVE ON THE WAITING LIST
YOU MAY MAKE COPIES FOR FUTURE USE*