

WAITING LIST
(Child Development Services)

For use of this form, see AR 608-10; the proponent agency is DCSPER

PROGRAM

AGE GROUP

CHILD'S NAME <i>a</i>	DATE OF BIRTH <i>b</i>	SPONSOR'S NAME <i>c</i>	STATUS <i>d</i>	PHONE <i>e</i>	APPLICATION DATE <i>f</i>	SOURCE OF ALTERNATIVE CARE <i>g</i>	CONFIRMATION DATE <i>h</i>												COMMENTS <i>i</i>		

STATUS KEY: S-SINGLE PARENT O-RETIRED MILITARY
 D-DUAL MILITARY R-RESERVIST
 A-ACTIVE DUTY C-CIVILIAN