

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	