FAMILY CHILD CARE LICENSE/AFFILIATION APPLICATION PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers and duties; delegation by E.O. 9397; implemented by DODI 6060.2 and AFPD 34-7. PURPOSE: To record essential information on prospective Family Child Care (FCC) Providers and to be used in conjunction with background checks ROUTINE USE: None

DISCLOSURE IS VOLUNTARY: Furnishing the information is voluntary; not providing all of the information will prevent issuing of a FCC License/Affiliation

	APPL	ICAN1	FAND SI	PONSOR	r's in	NFORM	ATIOI	N				
APPLICANT'S NAME (LAST, FIRST, MIDDLE)			FORMER SURNAME(S)			SOCIAL SECURITY NUMBER (SSN)				HOME PHONE		
ADDRESS			CITY			STATE	STATE ZIP CODE			CELL PHONE		
SPONSOR'S NAME (LAST, FIRST, MIDDLE)			RANK SPONSOR'S DU			TY SECTIO	Y SECTION SPONSOR'S SSN		I	DUTY PHONE		
HOUSEHOLD MEN	BEDS'	INFO	 	N - OTH	FD T		DDI IC	ANT AND	SD	ONS	OP.	
						LATIONSHIP		SCHOOL		SSN		
WAME (EAST, TIKST, WIDDEL)		Diixi		AGE	AGE REE							
										+		
PREVIOUS HOME	ADDR	ESS(E		AST 2 YE	EARS							
ADDRESS			CITY			STATE	ZIP CODE II		INST	ISTALLATION		
ADDRESS			CITY			STATE	ZIP CODE INS		INST	STALLATION		
R	EFERE	NCES	- PLEA	SE DO I	TOP	USE RE	LATI	VES	•			
1 REFERENCE NAME (LAST, FIRST)	RELATIO	NSHIP	ADDRESS			CITY			STAT	E	ZIP CODE	
2 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP		ADDRESS			CITY			STATE		ZIP CODE	
1 REFERENCE EMAIL ADDRESS HOME			PHONE 2 REFERENCE			E EMAIL ADDRESS				HOME PHONE		
EDU	CATIC	NA N	CHILD	CARE E	XPE	RIENCE	E/TRA	INING				
Attach a copy of your High Sc						` '						
PREVIOUS EXPERIENCE - MAY ATTACH			A RESUM	/IE PI	AINING	3 - MAY AT	MAY ATTACH A RESUME					
We understand by signing this ap for initial licensing/affiliation. Thi household members ages 12 and An Installation Records Check Forces, Housing, Life Skills, S	s may in up. (IRC) on	clude pr the curi	evious inst rent installa	tallation(s)	and c	ontinued us installa	licensi ation(s)	ng/affiliation , if applicabl	on o	ursel inclu	ves and all de: Security	
Initially; annually; and when a A Defense Central Index of Inv. A written statement from the S A statement(s) from the Schoo and when a child turns 12 yea	child tu estigatio ponsor's l Principa	rns 12 y ns (DCII) Superv	ears old) - Initially; isor or Con	every 5 ye nmander -	ears; a Initial	nd when a	a hous	ehold memb	er tur	ns 18	years old	
An IRC and DCII will be conduc		nyone, 1	I2 years an	d up, who	joins	and rema	ins in t	he househol			than 30 days	
APPLICANT'S SIGNATURE									DA	TE		
SPONSOR'S SIGNATURE									DA	TE		
SIGNATURE OF ANY HOUSEHOLD MEMBER OVER 18 YEARS OLD									DA	DATE		

FMP FCC 1 (REPLACES AF FORM 1928) - OCT 2006