



Name:

Orientation Date & Time:

## Full Time Registration Checklist

Please return this checklist with your completed packet **prior** to your child's start date.

**All items below must be submitted in order for your packet to be complete.**

If you have any questions, please call us at DSN: 226-4666

Commercial: 011-81-176-77-4666

1. \_\_\_\_ AF Form 1181, *Air Force Youth Flight Program Patron Registration*
2. \_\_\_\_ DD Form 2652, *Application for Department of Defense Child Care Fees*
3. \_\_\_\_ Full Time Contract
4. \_\_\_\_ Credit Card Authorization
5. \_\_\_\_ Emergency Contact Information
6. \_\_\_\_ Health Assessment Form; *Bring this form to the clinic. If your child has been seen for a wellness check within the last year, it will take the clinic 3-4 days to fill this out. If your child needs to be seen, schedule your child for an appointment and bring in a copy of your child's appointment. **Return your child's Health Assessment form or an appointment slip.***
7. \_\_\_\_ Current Copy of Immunization Records; *Child must be up to date on all immunizations, including the flu shot. Please bring in the ASIMS form showing when your child is due next.*
8. \_\_\_\_ Copy of LES/paycheck for BOTH sponsor and spouse; *If you do not turn in a copy of your LES/paycheck, you will be placed in the highest fee category.*

### **\*\*Allergies & Special Needs\*\***

Does your child have allergies or special needs? \_\_\_\_ YES \_\_\_\_ NO

If yes, **additional paperwork** will be **required** to be completed by the doctor.