

# SCHOOL AGE SERVICES SUMMER CAMP REQUEST

Please circle the weeks of Summer Camp that you are interested in:

Jun 8 - 12	Jun 29 - Jul 2	Jul 20 - 24
Jun 15 - 19	Jul 6 - 10	Jul 27 - 31
Jun 22 - 26	Jul 13 - 17	Aug 3 - 7
		Aug 10 - 14

**1. DATE OF REQUEST (YYMMDD)**

**2. FAMILY INFORMATION**

a. SPONSOR'S NAME (Last, First, Middle Initial)	b. SPOUSE'S NAME (Last, First, Middle Initial)	
c. CHILD'S NAME (Last, First, Middle Initial)	d. CHILD'S DOB (YYMMDD)	e. Grade Completed
f. HOME ADDRESS (Street, City, State, Zip Code)	g. SPONSOR'S BRANCH OF SERVICE and RANK	
	h. DUTY ORGANIZATION	
i. HOME TELEPHONE NUMBER (Include Area Code)	j. DUTY TELEPHONE NUMBER (Include Area Code)	

**3. SPECIAL NEEDS** Has your child been documented with any of the following medical or developmental concerns? |  
circle

Allergies: Medicine Allergies: Food/Environmental Asthma Attention Deficit Disorder Behavioral Difficulties Cerebral Palsy Diabetes Hearing Impairment Daily Medication Taken _____	Heart Murmur/Disease Learning Disabilities Mentally Handicapped Physical Impairment Seizures Speech/Language Delay Visual Impairment Other
---	---

**4. SPONSOR'S STATUS (X one)**

<input type="checkbox"/> a. SINGLE MILITARY	<input type="checkbox"/> e. SINGLE DOD CIVILIANS	<input type="checkbox"/> h. CONTRACT EMPLOYEE
<input type="checkbox"/> b. DUAL MILITARY	<input type="checkbox"/> f. DOD CIVILIAN/FULL-TIME NON DOD SPOUSE	<input type="checkbox"/> i. MILITARY/FULL-TIME STUDENT SPOUSE
<input type="checkbox"/> c. MILITARY/DOD SPOUSE	<input type="checkbox"/> g. DOD CIV/FT STUDENT SPOUSE	<input type="checkbox"/> j. MILITARY/FULL-TIME NON DOD SPOUSE
<input type="checkbox"/> d. DUAL DOD CIVILIANS		<input type="checkbox"/> k. MILITARY/SPOUSE SEEKING EMPLOYMENT

Signature

Date