



REPLY TO
ATTENTION OF:

**DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT AGENCY
DIRECTORATE OF MORALE, WELFARE, AND RECREATION
681 HARDEE PLACE, 2ND FLOOR
WEST POINT, NY 10996-1514**

Child Development
Services/School Age

Services

April 10

Dear Patrons:

On the back of this letter, you will find the DA Form 7625-1 (Army Child, Youth and School Services Health Screening Tool) required by the United States Army Garrison (USAG) and Child, Youth and School Services. A separate form must be completed for each child requiring care. Please complete the **Request for Services form**, the **Army Child and Youth Services Health Screening Tool (DA Form 7625-1)**, and send it along with the **signed copy of this letter** to: Please give us your AKO email address.

Outreach Services
Building 1207; Room 158
West Point, NY 10996
Phone- (845) 938-4458

_____ AKO email address

In addition, please check all locations you would consider as possible options for child care: Child Development Center (CDC), Family Child Care (FCC), School Age Services (SAS).

_____ CDC

_____ FCC

_____ SAS

Kim Tague
Outreach Services/
Family Child Care Director

I _____ understand that it is my responsibility to contact Outreach Services (at least once every 90 days) to update this application and reaffirm my need to remain on the waiting list.

I understand that this is an application for services only and does **NOT** guarantee placement of my child(ren). I have received a copy of the Child Development Services Waiting List Standing Operation Procedures.

_____ Parent's Signature/Date

_____ Sponsor's SSN/Rank/Grade

_____ Date Care is Needed

USMA CHILD AND YOUTH REQUEST FOR SERVICES

PRIVACY ACT STATEMENT

AUTHORITY: PL 101-89 Sec. 1507; EO 9397.

PRINCIPAL PURPOSE(S): To collect applicant information for Child and Youth Services and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future requirements.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child and Youth waiting lists.

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. CHILD'S AGE/GRADE
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. PROGRAM(S) DESIRED (X as applicable)

4. AGE GROUP (X one)

<input type="checkbox"/> a. FULL-DAY CARE		<input type="checkbox"/> a. INFANTS (0 - 12 months)
<input type="checkbox"/> b. SCHOOL-AGE SERVICES		<input type="checkbox"/> b. PRETODDLER (13 - 23 months)
<input type="checkbox"/> c. FAMILY CHILD CARE (FCC)		<input type="checkbox"/> c. TODDLER (24 - 35 months)
		<input type="checkbox"/> c. PRESCHOOL (3 - 5 years)
		<input type="checkbox"/> d. SCHOOL-AGE (5 + years)

5. 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"/> i. MILITARY/FULL-TIME NON DOD SPOUSE
<input type="checkbox"/> d. DUAL DOD CIVILIANS		<input type="checkbox"/> k. MILITARY/SPOUSE SEEKING EMPLOYMENT

6. CURRENT CARE (X one)

<input type="checkbox"/> a. Parent (not in care)	<input type="checkbox"/> c. Care on post (i.e. Not FCC)	<input type="checkbox"/> e. Civilian Child Care center
<input type="checkbox"/> b. In-home care (i.e. Nanny)	<input type="checkbox"/> d. Care off post (i.e. civilian FCC)	<input type="checkbox"/> f. Other (please specify below)