



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, WEST POINT
681 HARDEE PLACE
WEST POINT, NY 10996-1514

School Age
Services

February 2011

Dear Patrons:

On the back of this letter, you will find a copy of the Request for Care Record form for Summer Camp 2011. A separate form must be completed for each child requiring care. Please complete the **Request for Care Record** and the **USMA Registration and Special Needs Screening** forms and return them along with a signed copy of this letter to:

Parent Central
Building 140, Lee Child Development Center
West Point, NY 10996
Phone (845) 938-4458/0939

You will receive confirmation of the camp sessions your child can attend between March 28 - 31, 2011. Registration for camp sessions needs to take place between 1 – 30 April 2011. At the time of registration, 50% of the camp session fees will be due. Summer camp fees need to be paid in full by 31 May 2011 in order to maintain your summer camp slots.

I understand that this is an application for services only and does **NOT** guarantee placement of my child(ren) in the Child and Youth Services Summer Camp.

Kim Tague
Parent and Outreach Services Director

Parent's Signature/Date

Sponsor's Rank/Grade

SCHOOL AGE SERVICES SUMMER CAMP REQUEST

Please circle the weeks of Summer Camp 2011 that you are interested in:

Jun 6 - 10	Jul 5 - 8*	Aug 1 - 5	Aug 29 - Sep 2
Jun 13 - 16*	Jul 11 - 15	Aug 8 - 12	
Jun 20 - 24	Jul 18 - 22	Aug 15 - 19	
Jun 27 - Jul 1	Jul 25 - 29	Aug 22 - 26	

1. DATE OF REQUEST (YYMMDD)	AKO EMAIL ADDRESS
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2. FAMILY INFORMATION

a. SPONSOR'S NAME (Last, First, Middle Initial)	b. SPOUSE'S NAME (Last, First, Middle Initial)
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c. CHILD'S NAME (Last, First, Middle Initial)	d. CHILD'S DOB (YYMMDD)	e. Grade Completed
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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)
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<p>3. SPECIAL NEEDS Has your child been documented with any of the following medical or developmental concerns? circle</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> Allergies: Medicine Allergies: Food/Environmental Asthma Attention Deficit Disorder Behavioral Difficulties Cerebral Palsy Diabetes Hearing Impairment Daily Medication Taken _____ </td> <td style="width: 50%;"> Heart Murmur/Disease Learning Disabilities Mentally Handicapped Physical Impairment Seizures Speech/Language Delay Visual Impairment Other </td> </tr> </table>	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
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4. SPONSOR'S STATUS (X one)

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

Signature

Date

* Not a full week of summer camp.

IMNE-MIL-MWA

SUBJECT: Family Advocacy Committee Meeting Minutes – 25 January 2007