

Additional Registration Information

Home Address:

Sponsor's Information:

Cell Phone Number: _____

Work Phone Number: _____

Government Email: _____

Personal Email: _____

Unit/Employer/Rank _____

Spouse's Information:

Cell Phone Number: _____

Work Phone Number: _____

Government Email: _____

Personal Email: _____

Unit/Employer/Rank _____

Seeking Employment:

☐ Yes ☐ No

Two Local Emergency Contacts:

(Name and Phone Number)

1. _____

Allowed to pick child up from care? ☐ Yes ☐ No

2. _____

Allowed to pick child up from care? ☐ Yes ☐ No