



## Air Force FCC Subsidy Registration Checklist

CHILD'S NAME					DOB	
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY	AGE		
1)						
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY	AGE		
2)						
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY	AGE		
3)						

<b>SPONSOR NAME (Last, First)</b>			
<b>DUTY PHONE</b>	Area Code ( )		
<b>SPONSOR BRANCH OF SERVICE</b>			
<b>SPONSOR GRADE and RANK</b>			
<b>HOME PHONE</b>	Area Code ( )		
<b>HOME ADDRESS</b>		City/Zip Code	
<b>SPOUSE NAME</b>			
<b>SPOUSE DUTY PHONE</b>	Area Code ( )		
<b>PROVIDER NAME (FCC Provider)</b>			
<b>SPONSOR EMAIL ADDRESS</b>			

<b>START DATE (Child #1)</b>	
<b>START DATE (Child #2)</b>	
<b>START DATE (Child #3)</b>	

**REGISTRATION CHECKLIST** *(all items must be completed prior to receiving subsidy):*

- Enrollment documentation with Provider completed
- Income documentation provided and verified
- DD Form 2652 completed
- Full-time student status verified (if applicable)
- FCC Coordinator Parent Briefing conducted

<b>Printed Name of FCC Representative:</b>			
<b>Position Title:</b>			
<b>Email Address:</b>			
<b>Office DSN Phone Number:</b>	Area		

**Signature of FCC Representative:**

**Date:**