

Extended Duty Care (EDC) Parent Statement

I am required to work extended duty hours in support of mission requirements. There is no one else in my home available to provide care during the extended hours that I am required to work. I understand I can only use the EDC Program if my child is in regular child care (defined at 50 hours per week-typically 10 hours a day or 5-day work week). I understand that there will be no fee charged to me for this service until further notice. I understand I am required to provide an EDC Parent Statement with verification from my supervisor that the duty hours are in support of the mission. I also understand I am required to provide an EDC Parent Statement each time I use the EDC Program.

(PARENT SIGNATURE/DATE) _____ PRINT NAME _____

(SUPERVISOR SIGNATURE/DATE) _____ PRINT NAME _____ PHONE _____

DATES AND TIMES NEEDED: _____

CHILD'S NAME: _____ BIRTHDATE: _____
(Year/Month)

CHILD'S NAME: _____ BIRTHDATE: _____
(Year/Month)

CHILD'S NAME: _____ BIRTHDATE: _____
(Year/Month)

REGULAR CARE PURCHASED: (circle) CDC or SAP or FCC and (circle) ON BASE or OFF BASE

PARENT'S EMAIL/TELEPHONE NUMBERS: EMAIL: _____

WORK: _____ HOME: _____ CELL: _____



ATTACHMENT 1