



Fort Irwin Parent Central Services (PCS)

Building 21 Langford Lake Rd.
P:(760) 380-2257/2270
Mon, Tues, Wed, Fri 0730-1630
Thursday 0730-1230



Parent Checklist	<p>Required Documents for all Registrations *Registrations must be renewed at PCS annually</p>
	<p>MilitaryChildCare.com: Create a family profile and request for and placement on childcare waitlists.</p>
	<p>One Proof of Eligibility: e.g. Legal Guardianship documents, Parent's/Guardian's Military ID, Child's Military ID, CAC. Proof of Eligibility is NOT required for renewal.</p> <p style="text-align: center;">Upon request. This is a case-by-case situation.</p>
	<p>Health Screening Tool: Used to record/evaluate child's allergies, medical/physical conditions etc.</p>
	<p>Two Emergency Contacts: Used only if we cannot reach the sponsor or spouse, or if another party is authorized to pick up your child. Must be no further than 1 hours from Fort Irwin and have access to post.</p>
	<p>Parent(s) Home and Work Information: Home address, phone/cell number, e-mail (AKO), and Sponsor's Unit.</p>

Other Registration Documents

	<p>Shot Records: For children under age 6 and homeschooled Children not enrolled in public school. An annual Flu vaccine is required for all ages.</p>
	<p>Child Health Assessment (HA): Due within 30 days of registration. Must be signed by doctor AND have a clinic stamp. New HA required every 3 years (unless there is a change in child's medical history) for children 5th grade and below enrolled in regular care.</p> <p style="text-align: center;">Sports activities require an annual physical, for all ages and must be submitted before the sport begins.</p>
	<p>Medical Action Plans (MAP): Required for special diets, food restrictions, allergies, asthma, seizures, diabetes, etc. Must be signed by a doctor AND have a clinic stamp. Any listed medications must be brought in with the MAP so that our staff can make a copy of the label.</p>
	<p>Proof of Household Income: Most Recent LES and/or last two (2) Pay Stubs, VA Income, Retirement Income etc. If enrolled in full time college classes, a copy of the class schedule will be required.</p> <p>Required for Child Development Center (CDC), Part-day Preschool (PDPS), School Age Center (SAC), Middle School Teen (MST) (before 1300) and Family Childcare programs.</p> <p>Not required: Sports, Instructional Programs, Hourly Care and/or Contractor Patrons.</p>
	<p>Family Care Plan DA Form 5305 Required for Single/Dual Military Only per AR 608-10-1.</p> <p>Due within 30 days of registration.</p> <p style="text-align: center;">Family Care Plan is required annually.</p>

For General Information or to Download CYS Forms, Please Visit
<https://irwin.armymwr.com/programs/parent>



Fort Irwin CYR Registration Information

(Please Print Clearly)

Sponsor Information

Full Name:	Rank:
Cell Phone:	Unit/Employer:
Email:	Duty/Work Phone:
Home Address:	Home Phone:

Spouse's Information

Full Name:	Rank:
Cell Phone:	Unit Employer:
Email:	Duty/Work Phone:
Home Address:	Home Phone:

Emergency Contact Information

These provided contacts will be the 2 individuals that may be contacted **if the child's facility is unable to reach the sponsor or spouse**. These reasons can include; medical emergencies, facility emergencies, and/or missing required daily care supplies (diapers, cream, clothing, etc.)

To be eligible for release, contacts must be no further than 1 hour from Fort Irwin and have unaccompanied access to post.

Emergency Contact #1: Authorized Release at Anytime	Full Name:
	Phone:
Emergency Contact #2: Authorized Release at Anytime	Full Name:
	Phone:

Alternate Contacts

Here you can provide alternative contacts for pick-up that you would like to provide for the programs. Please annotate if you would like use to use as an emergency contact as well.

Contact #1: <input type="checkbox"/> Release at Any time <input type="checkbox"/> Permission Only	Full Name:
	Phone:
Contact #2: <input type="checkbox"/> Release at Any time <input type="checkbox"/> Permission Only	Full Name:
	Phone:
Contact #3: <input type="checkbox"/> Release at Any time <input type="checkbox"/> Permission Only	Full Name:
	Phone: