4. CENTRAL ENROLLMENT SERVICES *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF SPONSORS
c. TOTAL NUMBER REGISTERED SPS		
d. SPONSORS *(Include both parents when applicable)*		
(1) E1-E4 PATRONS		
(2) E5-E9 PATRONS		
(3) 01-04 PATRONS		
(4) 05-10 PATRONS		
(5) CIVILIAN PATRONS		

B. OPTIONAL PROGRAMS AND SERVICES

1. PROGRAMS

a. SHORT TERM ALTERNATIVE CHILD CARE *(STACC)* PROGRAM

(1) TOTAL STACC SESSIONS		
(2) NUMBER OF ORGANIZATIONS SERVED		
(3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____		
(4) SPONSORS *(Include both parents when applicable)*		
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) CIVILIAN PATRONS		

b. VOLUNTEER CHILD CARE IN UNIT SETTINGS *(VCCUS)* PROGRAM

(1) TOTAL VCCUS SESSIONS		
(2) NUMBER OF ORGANIZATIONS/UNITS SERVED		
(3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____		
(4) SPONSORS *(Include both parents when applicable)*		
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) CIVILIAN PATRONS		

B. OPTIONAL PROGRAMS AND SERVICES *(Cont'd)*

TOTAL NUMBERS | PERCENTAGE OF SPONSORS

1. PROGRAMS *(Cont'd)*

c. PARENT CO-OP PROGRAMS

(1) TOTAL NUMBER OF CO-OPS _____ [ ][ ][ ][ ]

(2) TYPE *(Check all applicable)*

☐ CENTER ☐ PLAY GROUP ☐ HOMEBASED

(3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____ [ ][ ][ ][ ]

(4) SPONSORS *(Include both parents when applicable)*

(a) E1-E4 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(b) E5-E9 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(c) 01-04 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(d) 05-10 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(e) CIVILIAN PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(f) OTHER CIVILIAN PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

d. SPECIAL INTEREST PROGRAMS *(Complete this section for each program in this category)*

(1) TOTAL NUMBER OF PROGRAMS _____ [ ][ ][ ][ ]

(2) SPONSORING ORGANIZATION AND PROGRAM TYPE

SPONSORING ORGANIZATION PROGRAM TYPE

(3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____ [ ][ ][ ][ ]

(4) SPONSORS *(Include both parents when applicable)*

(a) E1-E4 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(b) E5-E9 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(c) 01-04 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(d) 05-10 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

(e) CIVILIAN PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

e. SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* HOMES

(1) TOTAL NUMBER SPS HOMES _____ [ ][ ][ ][ ]

(2) TOTAL CHILD USERS _____ [ ][ ][ ][ ]

(3) SPONSORS *(Including both parents when applicable)*

(a) E1-E4 PATRONS _____ [ ][ ][ ][ ] | [ ][ ]

e. SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* HOMES *(Cont'd)*

(3) SPONSORS *(Cont'd)*

(b) E5-E9 PATRONS _____

(c) 01-04 PATRONS _____

(d) 05-10 PATRONS _____

(e) CIVILIAN PATRONS _____

TOTAL NUMBERS

PERCENTAGE OF SPONSORS

f. CONTRACT OPERATIONS *(Complete sections II and/or III of this form for center-based or quarters-based program and specify civilian, contracted or private organization operation).*

g. PRIVATE ORGANIZATIONS *(Complete sections II and/or III of this form for center-based or quarters-based program and specify civilian, contracted or private organization operation).*

h. OTHER *(Complete this section for each program in this category)*

(1) PROGRAM *(specify type i.e. center-based MTF sick child care)* _____

(2) TOTAL CHILD USERS: INFANTS _____ TODDLER _____ PRESCHOOL _____ SCHOOL-AGE _____

(3) SPONSORS *(Include both parents when applicable)*

(a) E1-E4 PATRONS _____

(b) E5-E9 PATRONS _____

(c) 01-04 PATRONS _____

(d) 05-10 PATRONS _____

(e) CIVILIAN PATRONS _____

2. SERVICES

a. BABYSITTER TRAINING AND REFERRAL SERVICES

(1) TOTAL NUMBER TRAINED _____

(2) TOTAL NUMBER ON REFERRAL LIST _____

(3) TOTAL NUMBER OF REFERRALS MADE _____

TOTAL NUMBER

(4) SPONSORS *(Include both parents when applicable)*

(a) E1-E4 PATRONS _____

(b) E5-E9 PATRONS _____

TOTAL NUMBERS

PERCENTAGE OF SPONSORS

SECTION IV - CHILD DEVELOPMENT SERVICES *(CDS)* SUPPLEMENTAL PROGRAM SERVICES *(SPS)* SYSTEM *(Cont'd)*

PART I - SERVICES AND UTILIZATION DATA *(Cont'd)*

2. SERVICES *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF SPONSORS
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) CIVILIAN PATRONS		

b. FOSTER GRANDPARENT PROGRAM

(1) TOTAL FOSTER GRANDPARENTS	
(2) TOTAL HOURS OF SERVICES	

PART II

REMARKS *(Include innovative program services or projects and areas of concern)*

SECTION V - SCHOOL-AGE/LATCH KEY *(SA/LK)* PROGRAM

PART I - IDENTIFYING DATA

A. NAME OF SA/LK PROPONENT		B. PHONE NUMBER *(Autovon)*
YOUTH SERVICES *(YS)*	CHILD DEVELOPMENT SERVICES *(CDS)*	
COMPLETE MAILING ADDRESS OF YS	COMPLETE MAILING ADDRESS OF CDS	C. PHONE NUMBER *(Commercial)* ( )

PART II - FINANCIAL DATA

A. TOTAL APF OPERATIONAL COSTS	B. NONAPPROPRIATED FUNDS *(NAF)*	(3) NET INCOME *(Loss)*
(1) LABOR _____ (2) SUPPLIES _____ (3) TRAINING _____ (4) REIMBURSEMENT *(NAF)* _____ OTHER _____	(1) TOTAL INCOME _____ *(e.g., Patrons Fees, NAF Reimbursement, Donations) (Itemize)* (2) EXPENSES (a) LABOR _____ (b) SUPPLIES _____ (c) TRAINING _____	_____

PART III - PERSONNEL DATA

	*HIRED	JOB CODE	GS/UA SERIES	PART TIME
POSITION TITLE				
SA/LK SPECIALIST				
SA/LK SPECIALIST				
SA/LK PROGRAM ASST.				
SA/LK PROGRAM ASST.				
VOLUNTEERS				

SECTION V - SCHOOL-AGE/LATCH KEY *(SA/LK)* PROGRAMS *(Cont'd)*

PART IV - SA/LK PROGRAMS

BEFORE AND AFTER SCHOOL	FEES	# ENROLLED	WHERE HELD	UNMET NEEDS
DAY CAMP				
YOUNG TEEN				
CHECK-IN				

PART IV - SA/LK PROGRAMS

SPONSOR	B&A SCHOOL TOTAL	DAY CAMP TOTAL	YOUNG TEEN TOTAL	CHECK IN TOTAL
E1-E4 PATRONS				
E5-E9 PATRONS				
01-04 PATRONS				
05-10 PATRONS				
CIVILIAN PATRONS				
CHILD/YOUTH AGE ENROLLMENT 5-8				
9-12				
13-15				
16-18 *(If sponsor has more than one child/youth enrolled, count the sponsor once for each child/youth).*				

PART V - TRAINING

POSITION TITLE	SA/LK	CHILD ABUSE	OTHER TRAINING
SA/LK SPECIALIST			
SA/LK SPECIALIST			
SA/LK PROG. ASST.			
SA/LK PROG. ASST.			

COMMENTS *(Please use back of page if necessary)*