

**AIR FORCE AID SOCIETY
CHILD CARE FOR PCS
FAMILY CHILD CARE PROVIDER FORM**

Name of Family Child Care Provider: _____ Phone: _____

Address: _____

Child Care Record for the Month of _____,

DATE of CARE	NAME of MEMBER	RANK	Duty or Unit Address	DATE of PCS	# of CHILDREN	TOTAL HOURS of CARE	COST PER HOUR	TOTAL COST

I certify that I provided child care as stated above. TOTAL CHILD CARE HOURS _____
 Signature of Family Child Care Provider _____ Date _____
 Signature of Family Child Care Coordinator _____ Date _____
 Signature of Family Child Care Coordinator _____ Date _____

To Be Completed by Air Force Aid Society Officer
 AFAS Section No. _____
 AFAS Check No. _____
 Date Issued _____