



MEMORANDUM



2100 Second Street S.W.
Washington, DC 20593

U.S Coast Guard HQ's
Child Development Center

Phone: (202) 372-4095
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Subject: CDC Waiting List
Statement of Understanding

Date: 7/1/08

From: CDC Director Reply to Attn. of: CDC Assistant Director, 2-4095
To: Waiting List Applicants

1. The purpose of this memorandum is to outline procedures for maintaining the CDC waiting list.
2. Per COMDTINST M1754.15, Chapter 2E, priority for placement is as follows
 - a. Single Parents, whether Active Duty Coast Guard or Civilian Coast Guard Employees
 - b. Coast Guard Active Duty and Civilian Employees
 - c. DOD Active Duty Members
 - d. DOD Civilian Employees
 - e. DHS and other Federal Employees
 - f. DHS Contractors
 - g. Community Members
- 3 Applicants will be placed on the waiting list as of the date the application and payment is received by the CDC Administration Office. Placement will only be considered for the age group corresponding to the child's birthday regardless of developmental level.
- 4 It is the applicant's responsibility to ensure retention on the waiting list every quarter. On the last business day of March, June, September, and December the CDC staff will remove any application not confirmed. The CDC staff will not contact applicants to determine their desire to remain on the waiting list.
- 5 When a vacancy becomes available, the first person on the waiting list will be notified and offered that slot. The patron has 2 days to confirm their decision. If the CDC administration staff has not received confirmation by close of business on the second day, the slot will be offered to the next family on the list.

THE CDC STAFF WILL NOT CONTACT YOU TO DETERMINE YOUR DECISION
- 6 If you wish to decline the position but remain on the waiting list, your application will be moved to the bottom of the list and advance through the normal procedures.
- 7 There is a \$25.00 non-refundable fee to be placed on the waiting list. Please make checks payable to USCG MWR.

8 If you have questions, please contact the CDC Assistant Director at (202) 372-4095

Signature

Date

WAITING LIST APPLICATION

Child's Name _____	CHILD'S DATE OF BIRTH _____	INFANTS _____
DATE YOU WOULD LIKE CHILD TO START _____		PRE-TODDLERS _____
CURRENT CHILD CARE ARRANGEMENTS _____		TODDLERS _____
		PRESCHOOL _____
		PRE-K _____
FATHER'S NAME & RANK (if applicable)		MOTHER'S NAME & RANK (if applicable)
HOME ADDRESS:		HOME ADDRESS:
HOME TELEPHONE:		HOME TELEPHONE:
OCCUPATION: AGENCY: CG: _____ <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN DOD: _____ <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN CIV: _____ CONT: _____		OCCUPATION: AGENCY: CG: _____ <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN DOD: _____ <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN CIV: _____ CONT: _____
EMPLOYER & WORK ADDRESS:		EMPLOYER & WORK ADDRESS:
WORK TELEPHONE:		WORK TELEPHONE:
FATHER'S E-MAIL ADDRESS:		MOTHER'S E-MAIL ADDRESS:
PARENT'S MARITAL STATUS:		SIBLING (S): _____
Employee I.D #		FAMILY SIZE: _____
OFFICE USE ONLY		
DATE & TIME CENTER CONTACTED PARENT:		DATES PARENT CONTACTED CENTER:
PAYMENT INFORMATION: PAYMENT: _____ CHECK #: _____		