



NRF WDCC COST WORKSHEET

AUTHORITY: 10 U.S.C 5013, Secretary of the Navy; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Navy Child and Youth Programs; and SORN [NM01754-3](#).

PURPOSE: Information provided is used by Child and Youth Programs (CYP) for purposes of determining fee assistance. **ROUTINE USES:** Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. The DoD Blanket Routine uses may apply to this system of records.

DISCLOSURE: Providing information is voluntary; however, failure to provide information may adversely impact a program or provider's ability to become a qualifying child care provider.

SPONSOR INFORMATION (COMPLETED BY THE SPONSOR)

1. Sponsor Name Last First	2. Sponsor Email	3. Sponsor Rank
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PROGRAM/PROVIDER INFORMATION (COMPLETED BY THE PROVIDER)

4. Name of Provider (As Listed on State Child Care License)	5. MCCYN Provider ID (if known)
6. Provider Street Address	
7. Provider City	8. Provider State
9. Provider Zip Code	10. Provider Contact Name Last First
11. Provider Email	12. Provider Primary Phone Number

CHILD(REN) INFORMATION

13. Child Name Last First	Child Date of Birth
14. Child Name Last First	Child Date of Birth

SPONSOR AND PROVIDER SIGNATURES

By Signing below, I am acknowledging that the child(ren) listed above are enrolling to receive child care during weekends with the provider stated on this form. I furthermore understand that child care is only available during scheduled drill weekends and fee assistance is available up to 24 hours of care per month.

15. Sponsor Signature	16. Date
17. Provider Signature	18. Date

INSTRUCTIONS FOR COMPLETING THE NRF WDCC COST WORKSHEET

GENERAL.

The NRF WDCC Cost Worksheet is used by MCC Fee Assistance for purposes of determining fee assistance. This worksheet must be completed when a family enrolls a child with a Participating Provider, when the family changes Providers, the provider's rate changes, and during renewal.

INSTRUCTIONS FOR SUBMISSION.

Sponsors must submit this document via the My MCCYN Registration located at MilitaryChildCare.com under the Provider Information section. A new cost worksheet is required at least 10 days but not more than 60 days before provider change. If you require assistance in submitting your documents, you may contact MCC Fee Assistance at the following email address: NRFWDCC@militarychildcare.com

PRIVACY ACT STATEMENT.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding copies of provider's license, letter of accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for participation in Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.

SPONSOR INFORMATION.

- Item 1. Enter the Sponsor Name.
- Item 2. Enter the Sponsor Email.
- Item 3. Enter the Sponsor Rank.

PROGRAM/PROVIDER INFORMATION.

- Item 4. Enter the name of your provider business as listed on your state child care license or equivalent license.
- Item 5. Enter the MCCYN Provider ID provided to the program by MCC Fee Assistance. If a MCCYN Provider ID has not been assigned yet, leave this item blank.
- Item 6. Enter the physical street address of the program, as listed on the State License or equivalent license.
- Item 7. Enter the city of the program, as listed on the State License or equivalent license.
- Item 8. Enter the state of the program, as listed on the State License or equivalent license.
- Item 9. Enter the postal zip code of the program, as listed on the State License or equivalent license.
- Item 10. Identify the name of the individual who should be contacted regarding the NRF WDCC Program.
- Item 11. Provide the email address for the Primary Contact.
- Item 12. Provide Primary Phone number for your program.

CHILD(REN) INFORMATION.

Items 13 and 14. Complete the information for each child. Complete additional Cost Worksheets to provide information for more than two children.

SPONSOR/PROVIDER SIGNATURES Item 15-18. Self-explanatory.