

New Parent Packet Request

Service Member Name: _____

Spouse: _____

Unit: _____ Rank: _____

Deployed: Yes _____ No _____

Status: Full time - AGR _____ Technician _____ or Traditional/M-Day _____

Preferred Language: _____ English _____ Spanish

Mailing Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

DOB or Expected DOB: _____

Baby's Name: _____ Gender: _____

Siblings Age & Gender _____

_____ I would like information on Premature Births

_____ I would like to receive a Parent Resources Request

Submitted By: _____ Date: ~~Please return~~

by email to a Child & Youth Team Member:

Yazmin.T.Washington.ctr@army.mil or Kristi.L.Wilson25.ctr@army.mil

