



FORT STEWART/HUNTER ARMY AIRFIELD CHILD & YOUTH SERVICES SELF-QUARANTINE FORM



As a precautionary measure, I, _____, elect to self-quarantine my
(Name of Parent/Guardian)

child(ren) from childcare starting on _____ through **24 April or until further notice** from
(Start Date)

CDC/SAC. During this time, billing will be postponed and will resume when full services are restored. I understand that I will not be billed and I will not lose my childcare space during this period. I also understand that I cannot bring my child back into care during the time period specified above.

Child's Name

Age

Bldg.

Child's Name

Age

Bldg.

Child's Name

Age

Bldg.

Parent/Guardian Name and Signature

Date

Phone Number

Email Address

Program Director Name and Signature

Date

FOR CYS USE ONLY

Is Patron Mission Essential? YES ___ NO ___ Circle One (if applicable): SINGLE MIL DUAL MIL

Number of Days Attended in Billing Cycle ___

Patron Paid? NO ___

Patron Paid? YES ___ if yes, credit amount applied to HH _____ Date Applied: _____

Auto Pay Process Date: _____ Processed By: _____