

CYS COVID-19 Mission Essential Application

CYS Patron:

Complete the information listed below and obtain Brigade Commander or Director equivalent approval / signature as instructed below. The signed letter along will be emailed to the CYS Coordinator at sunny.g.bolton.naf@mail.mil in order to expedite the registration process. Single/Dual Mission Essential SM, Mission Essential DES (Single) and Mission Essential Health Care Providers (Single) are priority.

The following information required:

Name of Children (years/months) you are requesting care for:

Child 1: _____ Age _____ Child 3: _____ Age _____
Child 2: _____ Age _____ Child 4: _____ Age _____

List Hours of care Requested: _____

Sponsor:

Name of Sponsor _____
Unit and Commander's Name _____
Duty location _____
Supervisor contact information (email and telephone) _____
COVID-19 Mission Essential: Yes/No _____
Job Description _____

Spouse:

Name of Spouse _____
Unit and Commander's Name _____
Duty/ Job location _____
Supervisor contact information (email and telephone) _____
COVID-19 Mission Essential: Yes/No _____
Job Description _____

Based on the feedback, we will assess our ability to provide care to include consolidated care in another facility. Our top priorities are to protect the force and help prevent the spread of the COVID-19 virus.

Sunny Bolton
Coordinator, Child and Youth Services

Commander's Certification

Brigade Commander or Director Equivalent signature is required verifying information provided is accurate:

Print

Signature

CYS Operational Hours: 0530-1800, Monday thru Friday
0530-1800 Saturday and Sunday