

Operation Military Kids (OMK)

Family Registration for Youth Participation

Name of adult completing this registration _____

Relationship to child / children being registered _____

**The children I am listing have a parent (or parents) in the military.
Check all that apply:**

____ **Army:** ____ Regular ____ Guard ____ Reserve

____ **Air Force:** ____ Regular ____ Reserve

____ **Marine Corps:** ____ Regular ____ Reserve

____ **Navy:** ____ Regular ____ Reserve

____ **Coast Guard:** ____ Regular ____ Reserve

____ **Yes** ____ **No:** **This soldier is deployed, was recently deployed, or is scheduled for deployment.**

To register your children for OMK programs, benefits and notifications, please provide the information requested below.

NOTE: This information will be maintained for confidential use by Operation Military Kids program leaders and staff, and will not be shared with others.

Child 1.

Name _____

Birthdate (Mo/Date/Yr) _____

Age Jan 1 this year _____

Address : (If multiple children have the same address, phone number and parent e-mail address, you may enter that information just once.)

Address

City

Zip Code

