



## Navy Child and Youth Programs Registration Form

Start Date (MM/DD/YYYY): \_\_\_\_\_

Requiring Directive OPNAVINST 1700.9

|   |  |  |   |  |   |                                      |                                   |                              |
|---|--|--|---|--|---|--------------------------------------|-----------------------------------|------------------------------|
| Child's Name (Last, First, Middle):   |  | Sex:   | Birthdate (MM/DD/YYYY):                     |  | Age:  |                                      |                                   |                              |
| Name of Child's School (if applicable):   |  |  | Child's School Grade Level (if applicable): |  |   |                                      |                                   |                              |
| Registering for:  | <input type="checkbox"/> CDC                       | <input type="checkbox"/> SAC                       | Type of Care:                               | <input type="checkbox"/> Full-Time           | <input type="checkbox"/> Before School              | <input type="checkbox"/> Hourly Care |                                   |                              |
|   | <input type="checkbox"/> CDH                       | <input type="checkbox"/> YP                        |   | <input type="checkbox"/> Part-Time           | <input type="checkbox"/> After School               | <input type="checkbox"/> School Camp |                                   |                              |
|   | <input type="checkbox"/> 24/7 Center               | <input type="checkbox"/> YSF                       |   | <input type="checkbox"/> Part-Day Enrichment | <input type="checkbox"/> Before & After Hourly Care |                                      |                                   |                              |
| Sponsor's Name (Last, First, Middle):   |  | Rank/Rate:   | Branch:                                     | Status:                                      | <input type="checkbox"/> ACT                        | <input type="checkbox"/> CIV         | <input type="checkbox"/> RET      | <input type="checkbox"/> CYP |
|   |  |  |   |  | <input type="checkbox"/> CRT                        | <input type="checkbox"/> RES         | <input type="checkbox"/> COM CIV  |                              |
| Home Address (include City and Zip Code): <input type="checkbox"/> Lives on base <input type="checkbox"/> Lives off base  |  |  |   |  |   |                                      |                                   |                              |
| Home Phone (include area code):   |  |  | Cell Phone (include area code):             |  |   | Email Address:                       |                                   |                              |
| Duty Station/Place of Employment (include address, city, and zip code):   |  |  |   |  | Work Phone:   |                                      | PCS Date (if known) (MM/DD/YYYY): |                              |
| Family Type:  | <input type="checkbox"/> Single Parent             | <input type="checkbox"/> PT Working Spouse/Partner | If Spouse/Partner is Military:              |  |   |                                      |                                   |                              |
|   | <input type="checkbox"/> Dual Military             | <input type="checkbox"/> Student Spouse/Partner    | Branch:                                     |  |   |                                      |                                   |                              |
|   | <input type="checkbox"/> FT Working Spouse/Partner | <input type="checkbox"/> Unemployed Spouse/Partner | Rank/Rate:                                  |  |   |                                      |                                   |                              |
| Spouse's/Partner's Name (Last, First, Middle):  |  |  |   |  | Spouse's/Partner's Place of Employment or School:   |                                      |                                   |                              |
| Spouse's/Partner's Work Phone:  |  |  | Spouse's/Partner's Cell Phone:              |  |   | Spouse's/Partner's Email Address:    |                                   |                              |
| Child has sibling(s) enrolled in another Child and Youth Program: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list child(ren)'s name and program) |  |  |   |  |   |                                      |                                   |                              |

### Emergency Notification Contacts (may also pick up the child in non-emergency situations)

(At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible)

| Name | Relationship to Child | Home Phone | Work Phone | Cell Phone |
|------|-----------------------|------------|------------|------------|
|      |                       |            |            |            |
|      |                       |            |            |            |
|      |                       |            |            |            |

### Non-Emergency Authorized Release/Pick-Up Contacts (will not be contacted for emergencies)

(Authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible)

| Name | Relationship to Child | Home Phone | Work Phone | Cell Phone |
|------|-----------------------|------------|------------|------------|
|      |                       |            |            |            |
|      |                       |            |            |            |
|      |                       |            |            |            |

### Consent for Ambulance for Emergency Care

I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, \_\_\_\_\_, in the case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to such action. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

|  |  |  |      |
|--|--|--|------|
| Name of Child's Medical Insurance Company          |  | Policy/Group Number (not needed for Active Duty) |      |
| Name of Policy Holder                              |  | Name of Child's Physician                        |      |
| Sponsor's Consent for Ambulance for Emergency Care |  |  | Date |
| SIGN HERE  |  |  |      |

|  |  |      |
|--|--|------|
| Sponsor's Signature and Date<br><i>(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)</i>                                   |  | Date |
| SIGN HERE  |  |      |
| CYP Representative's Signature and Date <i>(Signature indicates the CYP Representative has reviewed the registration form and verified the family's eligibility and priority type)</i> |  | Date |
| SIGN HERE  |  |      |

**AUTHORITY:** P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989;" Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations, and record known allergies and special instructions.

**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.