

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"/> SAG <input type="checkbox"/> CDH <input type="checkbox"/> YP <input type="checkbox"/> 24/7 Center <input type="checkbox"/> YSF		Type of Care: <input type="checkbox"/> Full-Time <input type="checkbox"/> Before School <input type="checkbox"/> Part-Time <input type="checkbox"/> After School <input type="checkbox"/> Part-Day Enrichment <input type="checkbox"/> Before & After <input type="checkbox"/> Hourly Care <input type="checkbox"/> School Camp			
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"/> CTR <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"/> Dual Military <input type="checkbox"/> FT Working Spouse/Partner		<input type="checkbox"/> PT Working Spouse/Partner <input type="checkbox"/> Student Spouse/Partner <input type="checkbox"/> Unemployed Spouse/Partner		If Spouse/Partner is Military: Branch: 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 enrolled in another CY program: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," child's name and program (if more than one child is enrolled, list all children and their programs):					

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	Cell Phone	Home Phone	Work Phone

Non-Emergency Authorized Release/Pick Up Contacts

(Will not be contacted for emergencies, but is authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible.)

Name	Relationship to Child	Cell Phone	Home Phone	Work 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 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 Co.: Policy/Grp. # (not needed for Active Duty): Name of Policy Holder: Name of Child's Physician

SIGN
HERE

Sponsor's Consent for Ambulance for Emergency Care and Date: _____

SIGN
HERE

Sponsor's Signature and Date

(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)

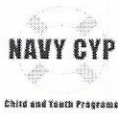
CYP Representative Signature and Date

(Signature indicates the CYP Professional has reviewed the registration form and verified the family's eligibility and priority type)

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.

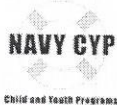


NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

Child's Name (Last, First, Middle):	Sex:	Birthdate (MM/DD/YYYY):	Age:
Sponsor's Name (Last, First, Middle):			

SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS										
<i>(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)</i>										
1. Does your child have any medical needs that require assistance while in care? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please check all that apply below: <table border="0"><tr><td><input type="checkbox"/> Asthma</td><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Kidney Problems</td></tr><tr><td><input type="checkbox"/> Seizures</td><td><input type="checkbox"/> Heart Problems</td><td><input type="checkbox"/> Other Chronic Medical Needs</td></tr><tr><td><input type="checkbox"/> Physical Disability (Describe below in #2.)</td><td><input type="checkbox"/> Epilepsy</td><td>(Describe below in #2.)</td></tr></table>		<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Other Chronic Medical Needs	<input type="checkbox"/> Physical Disability (Describe below in #2.)	<input type="checkbox"/> Epilepsy	(Describe below in #2.)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Problems								
<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Other Chronic Medical Needs								
<input type="checkbox"/> Physical Disability (Describe below in #2.)	<input type="checkbox"/> Epilepsy	(Describe below in #2.)								
2. If you checked "Other Chronic Medical Needs" or "Physical Disability" in #1 above, please briefly describe your child's chronic medical needs or physical disability:										
3. Does your child suffer from other allergies or allergic reactions (e.g., seasonal hay fever, bee stings, hives, rashes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list the allergies/allergic reactions:										
4. Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list all food allergies and reaction to each food your child experiences:										
5. Does your child require an EpiPen®? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe when your child might need an EpiPen®:										
6. Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe:										
PART B: IDENTIFICATION OF MEDICATION NEEDS										
7. Is your child currently taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list the medication(s) and how often your child takes the medication:										
8. Will your child need to take medication while in care at the CYP? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list the medication your child will need to take while in care at the CYP:										



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

9. Is your child allergic to any medication(s)? ☐ Yes ☐ No If "Yes," please list the medication(s) and describe the reaction that your child experiences:

PART C: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

10. Check any of the following developmental needs that your child may need assistance with while in care:

- | | |
|--|---|
| <input type="checkbox"/> Communication (e.g., speech/language delay) | <input type="checkbox"/> Social/emotional (e.g., anxiety disorder) |
| <input type="checkbox"/> Behavior (e.g., oppositional defiant disorder) | <input type="checkbox"/> Developmental (e.g., autism spectrum disorder) |
| <input type="checkbox"/> Learning and attention (e.g., attention-deficit hyperactivity disorder) | |

11. If you checked any boxes in #10 above, briefly describe the type of assistance your child will need while in care:

12. Briefly describe any other type of assistance your child will need while in care. If your child will not require any type of assistance while in care, write, "None."

PART D: EARLY INTERVENTION AND SPECIAL EDUCATION

13. Is your child receiving services through an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?
☐ Yes ☐ No

PART E: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

14. Is your child enrolled in the EFMP? ☐ Yes ☐ No

I acknowledge that all the above information is true and accurate. I understand that I must immediately report any changes in my child's health or other needs to the CYP so that the CYP Professionals can keep my child safe and healthy and provide the best possible care. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

SIGN HERE

Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge.)

SIGN HERE

CYP Professional's Signature and Date (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child.)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

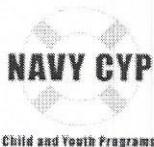
Sponsor's Initials and Date:	Sponsor's Initials and Date:	Sponsor's Initials and Date:	Sponsor's Initials and Date:
_____	_____	_____	_____

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 information about your child's overall health and needs that may affect his/her care at the CYP.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

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.



NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

Start Date (MM/DD/YYYY):		Requiring Directive OPNAVINST 1700.9	
Child's Name (Last, First, Middle):	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (MM/DD/YYYY):	Age:
Sponsor's Name (Last, First, Middle):			

SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the CYP because they enhance my child's experience with the CYP. CDC and CDH field trips may include walking in the immediate CYP and CD home surroundings (infants may be transported in a buggy/stroller) or on the military installation. Some preschool trips may require bus or other vehicle transportation, either in a CYP vehicle or a chartered vehicle or bus. YP field trips may include transportation via a CYP-operated or chartered vehicle or bus to and from schools and field trip locations in the surrounding areas. The YP may also offer excursions within walking distance of the CYP facility and military installation.

INITIAL HERE

Sponsor's Initials and Date of Acknowledgement: _____

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for CYP Professionals to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc. If I choose topically applied products with which the CYP is not familiar, a Materials Safety Data Sheet will be required for each product.

INITIAL HERE

Sponsor's Permission and Date: _____ Sponsor Denied Permission and Date: _____

Media Release: I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the CYP community without further permission from me—photographs, video, and audio recordings used in the CYP facility and media such as social media (e.g., Facebook, Twitter), military installation website, CNIC CYP website, Teaching Strategies Gold, etc. I have listed below any exceptions to this release (e.g., "Pictures of my child may be posted in the center, but may not be posted or published anywhere outside of the center." Or, "My child may have his/her picture taken, but I do not want him/her to be videotaped.").

Exceptions (list any exceptions to the media release; if none, enter "None"): _____

INITIAL HERE

Sponsor's Release and Date: _____ Sponsor Denied Release and Date: _____

Acknowledgement of Receipt of the Navy CYP Parent Handbook: I have received and understand the policies contained in the Navy CYP Parent Handbook.

INITIAL HERE

Sponsor's Initials and Date: _____

Acknowledgement of Revocation or Invocation of Any of the Above Permissions or Releases: I understand that I may revoke or invoke any of the above permissions or releases in writing at any time. If I choose to revoke or invoke a permission or release, it is my responsibility to provide written notification to the CYP requesting the revocation or invocation.

INITIAL HERE

Sponsor's Acknowledgement of Permission/Release Revocation or Invocation and Date: _____

Hold Harmless Release: I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner caused or contributed to by the United States, its officers, its agents, or its instrumentalities except in cases of gross negligence.

INITIAL HERE

Sponsor's Hold Harmless Release and Date: _____

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NAVY CHILD AND YOUTH PROGRAM BIRTH TO FIVE CHILD AND FAMILY PROFILE

The Navy Child and Youth Program (CYP) Birth to Five Child and Family Profile is designed to help our CYP Professionals get to know your child and family, so that they are best prepared to provide a fulfilling and meaningful experience and to ensure your child's needs are met. Please complete the sections below as fully as possible.

PARENT/GUARDIAN INFORMATION			
NAME OF SPONSOR/PARENT:		DATE COMPLETED	
NAME OF SPOUSE (IF APPLICABLE)		PERSON COMPLETING FORM	

CHILD INFORMATION		
NAME (LAST, FIRST, MI):	NICKNAME:	AGE:
CHILD'S PRIMARY LANGUAGE:	OTHER LANGUAGES SPOKEN IN THE HOME:	

FAMILY INFORMATION			
SIBLINGS	AGE	EXTENDED RELATIVES/OTHERS (living with the child)	RELATIONSHIP

TELL US ABOUT YOUR CHILD
Please describe your child's communication skills (e.g., how does your child tell you what he/she wants, special words used to describe needs, etc.).
Please describe your child's motor skills (e.g., how does your child get from one place to another; crawling, scooting, roll, walk, run, is there a skill that your child is working on, etc.).
Please describe your child's self-help skills (e.g., what can s/he do by her/himself, help with dressing, washing, eating, putting on shoes, putting toys away, etc.).



NAVY CHILD AND YOUTH PROGRAM BIRTH TO FIVE CHILD AND FAMILY PROFILE

TELL US ABOUT YOUR CHILD

Please describe your child's emotional behavior (e.g., does your child have any fears, how does your child react to changes in routine, how does your child express frustration or anger, what is comforting to your child, etc.).

Please describe your child's experience with other children (e.g., is this your child's first group experience, do children come to visit, are there friends in the neighborhood, etc.).

What does your child like to do during the day (e.g. favorite activities, songs, toys, etc.).

Many families wonder about how their child is growing or learning compared to other children the same age. Is there anything that you wonder about how your child is growing or learning?

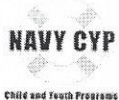
Is there anything else you would like us to know about your child?

DAILY ROUTINES

DIAPERING/TOILETING

Please describe your child's toileting needs (e.g., toilet training, reminders needed, special words, etc.).

Is there anything special we should know about dressing and undressing your child?



NAVY CHILD AND YOUTH PROGRAM BIRTH TO FIVE CHILD AND FAMILY PROFILE

Does your child have any birthmarks or other identifiable markings the staff should be aware of? If so, where are they located?

SLEEPING AND RESTING (Navy CYP requires all infants 12 months and younger be placed on their backs to sleep)

What signs does your child exhibit when he/she is tired and needs to sleep?

Please describe your child's daily napping/sleeping routine (e.g., usual nap times, what helps child to fall asleep, etc.).

Describe how your child wakes up: (e.g., quickly, slowly, happy, etc.).

MEALTIME AND INFANT FEEDING

Please describe your child's eating (e.g., mealtimes, food likes/dislikes, dietary preferences or restrictions, allergies, etc.).

Is your infant breastfed? Select Yes (Y) or No (N)

☐ Y

☐ N

If yes, will mom come to the center/home to nurse? Select Yes (Y) or No (N)

☐ Y

☐ N

If no, will you send expressed breast milk?

☐ Y

☐ N

If your infant is not breastfeeding, what formula do you use?

Is your infant eating solid foods? Select Yes (Y) or No (N)

☐ Y

☐ N

If yes, please list which ones, including any finger food:



NAVY CHILD AND YOUTH PROGRAM BIRTH TO FIVE CHILD AND FAMILY PROFILE

TELL US ABOUT YOUR FAMILY

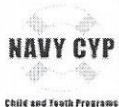
Please describe some of your favorite activities to do as a family.

Please describe special events your family celebrates and what those celebrations might include.

Are there things from home that are special to the family that you would be willing to share? (e.g., family recipes, traditions, etc.).

Are there any special skills and talents that members of your family might contribute to the program?

Is there anything else that you would like us to know about your family?



NAVY CHILD AND YOUTH PROGRAM BIRTH TO FIVE CHILD AND FAMILY PROFILE

FAMILY ENGAGEMENT OPPORTUNITIES

Child & Youth Programs strives to strengthen the practice of engagement through continuous program improvement. As a component of that philosophy, Navy CYP believes family relations are an essential component of quality child care, the CYP and the military community. Our programs promote engagement by inviting family members to share interests, talents, abilities, knowledge, and skills as inclined. There are a myriad of opportunities available for parent participation throughout the year from participating on the Parent Involvement Board (PIB) to assisting on field trips or during a CYP event.

Please check the activities that you might be interested in participating in. Or, add other skills and talents that you would like to contribute to our CYP program!

- ☐ PIB Chairperson
- ☐ Program PIB Representative
- ☐ Field Trip Volunteer
- ☐ Participating in Activities
- ☐ Attending a CYP sponsored parent education event
- ☐ Making educational materials
- ☐ Reading books to children
- ☐ Assisting with meal time and having conversations with the children
- ☐ Assisting with projects such as art projects or carpentry/building projects
- ☐ Creating bulletin board displays
- ☐ Facilitating or assisting with special activities like planting and maintaining a garden
- ☐ Volunteering as a Youth Sports and Fitness Coach

Other:

- ☐ _____
- ☐ _____

Parent Signature

Date