



**STATEMENT OF UNDERSTANDING**  
**Marine Corps Ball Care use only**

1. \_\_\_\_\_ I understand that I must register with Resource and Referral prior to using care.
2. \_\_\_\_\_ I understand that this is a one time use application only for the purpose of MC Ball Care.
3. \_\_\_\_\_ I understand that immunizations records are required for registration.
4. \_\_\_\_\_ I understand the Child and Youth Programs (CYP) touch policy is on the premise that positive physical contact with children, youth and teens is necessary for their guidance and wellbeing.
5. \_\_\_\_\_ I understand that CYP personnel and FCC Providers are “mandated reporters” of any suspected child maltreatment or neglected.
6. \_\_\_\_\_ I understand that the drop off time is \_\_\_\_\_ and pick up time is \_\_\_\_\_.
7. \_\_\_\_\_ I understand that dinner and snacks may be provided based on time and length of care.
8. \_\_\_\_\_ I understand that if my child gets ill during this care, I will be notified to pick up my child up within 1 hour of notification.
9. \_\_\_\_\_ I understand that I must label all items such as bottles, jar food, bags, etc.
10. \_\_\_\_\_ I understand MCCS is not responsible for any items lost or stolen.
11. \_\_\_\_\_ I understand that this packet will expire after Ball Care service are rendered.
12. \_\_\_\_\_ Children will not be released to parents who are intoxicated. Parents must ensure they have a designated pick-up person who has not been drinking.
13. \_\_\_\_\_ I understand that my child must be potty trained in order to utilize Pre-School.

Please identify any allergies, food restrictions, special needs or medical conditions pertaining to your child.

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I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
(Parent's Name) (Child's Name)

give consent for a CYP representative or Family Child Care provider to authorize transportation of my child/youth/teen for medical or dental care in an emergency where the child's condition presents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me.

\_\_\_\_\_  
Parent's signature                      Date

\_\_\_\_\_  
CYP Representative                      Date

