

SPONSOR INFORMATION				
1. Name (First MI Last):				
2. Address:				
3. Command/Unit/Employer:				
4. Military Status:	5. Military Grade:	6. Branch:	7. Email:	
8. Home Phone:		9. Work Phone:		
10. Cell Phone:		10a. Cell Carrier:		
SPOUSE / GUARDIAN INFORMATION				
11. Name (First MI Last):				
12. Address:				
13. Command/Unit/Employer:				
13a. Full-time Student Post-Secondary Institution? <input type="radio"/> Yes <input type="radio"/> No				
14. Military Status:	15. Military Grade:	16. Branch:	17. Email:	
18. Home Phone:		19. Work Phone:		
20. Cell Phone:		20a. Cell Carrier:		
CHILD / YOUTH INFORMATION				
21. Child 1 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
22. Child 2 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
23. Child 3 First and Last Name:			Nick Name:	
Gender:	Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment:	<input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
24. Please answer the following questions by marking either Yes or No:				
I allow use of video and photographs of my child within the CYP program, and by USMC		I give my permission for child to use supervised computers and internet.		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
I approve my child/youth to attend field trips.		I am aware of the DoD Priority Supplanting Policy		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
I have received a copy or was given the website on where to get a "Parent Handbook".		<input type="radio"/> Yes <input type="radio"/> No		
LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES (minimum of three contacts required)				
25. Name (First MI Last)	26. Address	27. Home Phone	28. Cell Phone	29. Relation to Child
30. Parent/Guardian Signature:			31. Date:	



**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