USMC CHILD AND YOUTH PROGRAMS REGISTRATION FORM	OMB No. 0712-0006
	OMB Approval Expires 09/30/2025

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Marine Corps Order 1710.30, Marine Corps Child and Youth Programs (CYP); and SORN NM01754-3.

PURPOSE: Information provided is used by Children and Youth Programs (CYP) for purposes of patron registration in CYP programs and activities and parent/guardian and emergency contacts.

ROUTINE USES: Information will be accessed by CYP personnel with a need to know to meet the purpose. Information is not routinely disclosed outside of DoD. Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. A complete list and explanation of the applicable routine uses are published in the authorizing SORNs available at: https://dpcld.defense.gov/Privacy/SORNsIndex/DODwide-SORN-Article-View/Article/570428/nm01754-3/.

DISCLOSURE: Information is voluntary; however, failure to provide information may adversely impact individuals from participation in CYP activities.

RECORD MANAGEMENT: This form shall be managed in accordance with record schedule 1000-39, "Family Support Programs (Temporary)" of SECNAV M-5210.1.

The public reporting burden for this collection of information, OMB No. 0712-0006, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS. Responses should be sent to your Regional Director.

INSTRUCTIONS FOR COMPLETING NAVMC 1750/5

GENERAL
This form is completed by the parent/legal guardian or custodian, or Agent acting pursuant to a power of attorney. Information provided is used by Child and Youth Programs (CYP) for purposes of participant registration in CYP programs and activities. At least annually or when the information is outdated a new form will be completed, signed, and dated.

SPONSOR INFORMATION
Items 1-3. Self-explanatory.
Item 4. Indicate Sponsor's status in the military.
Item 5. If applicable, indicate Sponsor's military grade, otherwise type "N/A".
Item 6. Indicate branch Sponsor is affiliated with.
Items 7-10. Self-explanatory.
Item 10a. Name of cell phone carrier.

SPOUSE / GUARDIAN INFORMATION
Items 11-20a. Please follow instructions for items 1-10a above as it relates to the spouse / guardian.

CHILD / YOUTH INFORMATION
Items 21-23. Self-explanatory. There are three sections provided on the form if the family is registering multiple participants. Please fill in one section for each participant.
Item 24. Answer Yes if use of video and photographs are allowed. Otherwise, answer No.
    Answer Yes if participant is allowed to attend field trips. Otherwise, answer No.
    Answer Yes if you received the Parent Handbook. Otherwise, answer No.
    Answer Yes if participant is allowed to use computers and internet. Otherwise, answer No.
    Answer Yes if you are aware of the DoD Priority Supplanting Policy. Otherwise, answer No.

LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES
Items 25-28. Self-explanatory. These individuals will be contacted when the parents/guardians are unavailable and also have permission to depart the premises with the participant. There are three rows for multiple emergency contacts/release designees. Fill out one row for each emergency contact/ release designee.
Item 29. Provide the relationship that the emergency contact/release designee has with the participant.
Items 30-31. Self-explanatory.

[Reset Form]

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? ○ Yes ○ 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:

Sex:	Birthdate:	School Grade (K-12 or N/A):

Program Enrollment: ○ Full Day ○ Part Day ○ Hourly ○ Family Child Care ○ School Age Care (BF/AF) ○ School Age Care (BF) ○ School Age Care (AF) ○ Summer Camp ○ Youth and Teen Program ○ Other:

22. Child 2 First and Last Name:	Nick Name:

Sex:	Birthdate:	School Grade (K-12 or N/A):

Program Enrollment: ○ Full Day ○ Part Day ○ Hourly ○ Family Child Care ○ School Age Care (BF/AF) ○ School Age Care (BF) ○ School Age Care (AF) ○ Summer Camp ○ Youth and Teen Program ○ Other:

23. Child 3 First and Last Name:	Nick Name:

Sex:	Birthdate:	School Grade (K-12 or N/A):

Program Enrollment: ○ Full Day ○ Part Day ○ Hourly ○ Family Child Care ○ School Age Care (BF/AF) ○ School Age Care (BF) ○ School Age Care (AF) ○ Summer Camp ○ Youth and Teen Program ○ 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.	○ Yes ○ No	I give my permission for child to use supervised computers and internet.	○ Yes ○ No
I approve my child/youth to attend field trips.	○ Yes ○ No	I am aware of the DoD Priority Supplanting Policy	○ Yes ○ No
I have received a copy or was given the website on where to get a "Parent Handbook".	○ Yes ○ 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:

NAVMC 1750/5 (2-25) (EF)

Previous versions are obsolete

CUI (when filled in)
Controlled by: USMC
CUI Category: PRVCY
LDC: DL ONLY
POC: MFPrivacy@usmc.mil

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Reset Form

AEM Form Designer 6.5

Family Care Branch
Child & Youth Programs
YOUTH & TEEN PROGRAMS

Dear Families:

Welcome to MCCS Okinawa Youth and Teen (YT) Programs. Our Youth and Teen Programs are open to Youth (ages 10-12 years) and Teens (13-18 years). YT is designed as an open recreation setting to enable participants to enter and leave the program on their own. As such, participants are not required to maintain a presence at the facility. If your child requires direct supervision and/or you do not want them signing in/out on their own, please contact the SAC program in your community.

Hours of Operation
- After School to 1800 Monday – Friday
- No School Days and Summer: 1200-1800

Closures
- All CYP programs and facilities are closed on Saturday, Sunday, federal holidays and four times a year for staff training

Eligibility for Care
- Youth Center: ages 10 – 12
- Teen Center: ages 13 – 18 (if 18 years of age, must still be in high school)

Fees
- Membership is set at $24 per child per contract year. Membership fees are not prorated and non-refundable.
  - Additional fees are charged for special events, field trips and activities.

Behavior
- Youth and teens who display disruptive behavior, foul language, threatening or bullying others will be asked to leave the Center.

By signing this agreement, all parties agree to the above terms and policies. CYP reserves the right to change policies as needed with advance written notice.

_____   _____
Parent Print Name   Date   Parent Signature

_____   _____
Child's name   CYP Clerk

Date fee received: _____