

U.S. Marine Corps Children, Youth & Teen Programs Registration Form

Date: _____

Privacy Act Statement:

AUTHORITY: 10 U.S.C. § 5013; 10 U.S.C. § 5041; and Marine Corps Order P1710.30E.

PRINCIPAL PURPOSE: This System of Records is governed by Privacy Act System of Records Notice NM01754-3 which can be downloaded at <http://dpclo.defense.gov/privacy/SORNs/component/navy/NM01754-3.html>. Information provided is used by USMC personnel to obtain information on authorized Children, Youth and Teens Program (CYTP) patrons for purposes of registration, and parent/guardian and emergency contacts.

RETENTION AND SAFEGUARDING: The information collected in this System will be maintained in paper and networked databases using password controlled systems and access to files based on a predefined need to know. Records are kept for two years after individual is no longer in CYTP and then destroyed by authorized disposal.

ROUTINE USES: In addition to those disclosures generally permitted under the Privacy Act of 1974, to various officials outside the Department of Defense (DoD) specifically identified in Privacy Act System of Records notice NM01754-3, and pursuant to the blanket routine uses established by DoD that apply to all DoD Privacy Act Systems of Records and posted at http://privacy.defense.gov/blanket_uses.shtml.

DISCLOSURE: Information is voluntary; however, if information is not provided, individuals may not be able to participate in CYTP activities.

Sponsor First Name:	Command/Unit/Employer:	
Sponsor Last Name:	Wk Ph:	Extension:
Address 1:	Email:	
Address 2:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Reservist <input type="checkbox"/> Retired Mil Grade _____	
City/State/Zip Code:	Branch: <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy Mil Rank: _____ <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Other	
Home Phone (with area code):	<input type="checkbox"/> Single Military <input type="checkbox"/> Dual Military <input type="checkbox"/> N/A <input type="checkbox"/> Single Civilian <input type="checkbox"/> Dual Civilian	
Cell Phone (with area code):	Housing: <input type="checkbox"/> On Base <input type="checkbox"/> Off Base	

SPOUSE / GUARDIAN

Spouse First Name:	Command/Unit/Employer:	
Spouse Last Name:	Wk Ph:	Extension:
Address 1: (if different from above)	Email:	
Address 2:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Reservist <input type="checkbox"/> Retired Mil Grade _____	
City/State/Zip Code:	Branch: <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy Mil Rank: _____ <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Other	
Home Phone (with area code):	Cell Phone (with area code):	

LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES

Name (first, last)	Address (include City/State/Zip Code)	Home Phone (with area code)	Cell Phone (with area code)	Relationship to Child

Reset Form

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NAVMC 11903 (09-13) (EF)

FOUO - Privacy sensitive when filled in.

CYTP INFORMATION						
Child/Youth/Teen First & Last Name:				Nick Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate: _____		School Grade: _____ (K-12) or N/A		
Program Enrollment:						
<input type="checkbox"/> Full Day Care		<input type="checkbox"/> Part Day Preschool		<input type="checkbox"/> Family Child Care		
<input type="checkbox"/> School Age Care (BF/AF)		<input type="checkbox"/> School Age Care (BF)		<input type="checkbox"/> School Age Care (AF)		
<input type="checkbox"/> Youth Program (Age 6-12)		<input type="checkbox"/> Teen Program (Age 13-18)		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Hourly Care						
<input type="checkbox"/> School Age Day Camp						
<input type="checkbox"/> Off Base Family Child Care						
Child/Youth/Teen First & Last Name:				Nick Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate: _____		School Grade: _____ (K-12) or N/A		
Program Enrollment:						
<input type="checkbox"/> Full Day Care		<input type="checkbox"/> Part Day Preschool		<input type="checkbox"/> Family Child Care		
<input type="checkbox"/> School Age Care (BF/AF)		<input type="checkbox"/> School Age Care (BF)		<input type="checkbox"/> School Age Care (AF)		
<input type="checkbox"/> Youth Program (Age 6-12)		<input type="checkbox"/> Teen Program (Age 13-18)		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Hourly Care						
<input type="checkbox"/> School Age Day Camp						
<input type="checkbox"/> Off Base Family Child Care						
Please answer the following questions by adding your initials in the correct box					Yes	No
I allow use of video and photographs of my child within the CYTP program.						
I approve my child/youth to attend field trips.						
I have received a copy or was given the website on where to get a "Parent Handbook".						
SAC/Youth/Teens - I give my permission for youth/teen to use supervised computers and internet.						
I have received two CYMS cards per child.						
Parent/Guardian Signature					Date	
For office use only						
Registration Fee:	Amt:	Receipt #:	Amount Paid:	Paid on:	Rcvd by:	
Pass Issued: <input type="checkbox"/> CY-Child <input type="checkbox"/> CY-SAC <input type="checkbox"/> CY-YT <input type="checkbox"/> CY-YZZ-Privilege Pass						

Reset Form

FOR OFFICIAL USE ONLY



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.

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 situation 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



**Child and Youth Programs
After Hours Service Agreement**

Child's Name	Child's Name
Child's Name	Child's Name

and MCCS Child and Youth Programs, MCB Butler, Okinawa, Japan for after hours child care services for a Unit function.

Date of Service	Drop Off Time Begins	Pick Up Time Ends
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1. Location where service is to be provided (select all applicable locations):

Child Development Center

- ☐ Camp Foster
- ☐ Camp Courtney
- ☐ Camp Kinser

School Age Care Program

- ☐ Foster SAC
- ☐ Kinser SAC
- ☐ McTureous SAC

a. Children With Special Needs.

- Parents of children with special needs must meet with CYP personnel at least one week in advance to develop a written plan for care and training purposes.
- Special needs are considered those issues, challenges, diagnoses, and/or behaviors that a child has which requires medical or educational intervention, assistance, or other accommodations. A child with special needs may be identified as having any of the following: autism, asthma, allergies, hearing impairment, mental, physical or emotional challenges, orthopedic impairment, developmental delays, behavioral issues, specific learning disablement, speech/language impairment, visual impairment, or other health impairments.

b. Health Policies.

- Our program is not equipped to provide care to a child who is ill. Parents should arrange for alternate care in the event of illness.
- Care providers will visually check each arriving child for signs of illness and injuries. Visible bruises, contusions, lacerations, burns, and other physical marks appearing on a child will be recorded.
- A child may be refused admittance or sent home when a sign or symptom of illness exists. (Our health policies are available upon request.)
- If a child becomes ill during care, there is a 60-minute window from the time parents are notified to pick up their child.
- Medications will not be administered.

c. Meals and Snacks.

- Meal service is required for every three hours of care. The number of times a meal or snack is served will be determined by the length of time service is requested.
- The kitchen team prepares tasty and nutritional meals, which follow USDA guidelines.
- Infants are always fed on demand. Bottles are prepared by parents and must be labeled with the child's name and date of preparation. Mixing cereal, Tylenol, and other substances into bottles is strictly prohibited. Parents also provide unopened jars of baby food, identified with the child's name. All unused contents are discarded.

- All food items served to the children will be prepared at the CYP facility. Outside food is not allowed in the Center except bottles and jar food for infants.
- Family style dining is practiced for children 12 months and older.
- Children with food allergies must have a completed Special Needs Assessment done in order to have any food substitution.
- We support religious preferences by ensuring a child does not eat the item. We do not provide a substitution item. Other meal components can be eaten by the child to ensure he/she is not hungry.

d. Rest Time.

- Infants nap or rest on their own individual schedules. Infants shall be placed on their back to sleep, unless a physician provides a signed release.
- Older children are provided with a sanitized cot or mat, sheet and blanket for rest time.
- Children who cannot rest or sleep will be allowed to participate in quiet activities (on their cot) that do not disturb others who are sleeping. Parents are encouraged to bring children in for care prior to rest time in order to minimize disruption to the other children.

e. Toilet Training.

- Parents are responsible to provide enough diapers during the toilet training period.
- Each child should have many changes of clothes in case of accidents.
- Wet or soiled clothing will be placed in a plastic bag and sealed.
- Care providers will attempt to dispose of any firm bowel movement in underclothing. For health reasons, care providers will not rinse dirty garments.

f. Behavior Guidance.

- Children are expected to be considerate of others and maintain materials properly. Each child is treated with respect and is assisted in expressing their feelings.
- Corporal punishment is prohibited within CYP facilities and on the premises. Parents must abide by this guidance at the facility as well.
- Our initial effort is to redirect the child from the inappropriate behavior to other activities.
- If we need parental assistance, we may contact parents to pick up their child for the remainder of the service time. If this occurs, there is a 60-minute window from the time parents are contacted to pick up their child.
- Biting, fighting, hitting, and abusive language will not be tolerated. Parents will be asked to pick up their child immediately.

g. Drop-Off and Pick-Up Procedures.

- Parents must sign their child in and out at the Front Desk and again in the child's assigned classroom. This is done to maintain accountability in an emergency evacuation.
- Children may be picked up from the Center at any time during the service period. Rates are not adjusted or prorated due to early pickups.
- 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.

2. Signatures:

By signing this agreement, all parties agree to all of the above terms and policies, including financial responsibility for care provided. CYP is responsible for giving/sending all signers a copy of this signed agreement. CYP reserves the right to change policies as needed with advance written notice.

Parent's Signature

Date

CYP Representative's Signature

Date