



# 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:		Type of Care:			
<input type="checkbox"/> CDC <input type="checkbox"/> SAC		<input type="checkbox"/> Full-Time		<input type="checkbox"/> Before School	
<input type="checkbox"/> CDH <input type="checkbox"/> YP		<input type="checkbox"/> Part-Time		<input type="checkbox"/> After School	
<input type="checkbox"/> 24/7 Center <input type="checkbox"/> YSF		<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: \_\_\_\_\_



Sponsor's Consent for Ambulance for Emergency Care and Date: \_\_\_\_\_



## 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 Programs Registration Form

## Instructions for Completing the Navy Child and Youth Programs Registration Form

### For all programs:

1. A separate registration form shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. For the "Status" blocks, check any category that apply to the status of sponsoring parent and/or military spouse, if applicable (ACT – Active Duty, RET – Retired, RES – Reservist, CIV – DoD Civilian, CTR – DoD Contractor, COM CIV – Community Civilian).
4. After completing the form, the parent(s) must sign and date all required signature blocks. This is the sponsor's verification that all information is correct and validates the agreement to allow transport for medical or other emergencies.
5. If information becomes outdated during the year (before the next year's annual registration), the family may cross out the incorrect or outdated information and write in ink the new updated information. The parent(s) must initial and date any updated information on the form.
6. Annually, a new form shall be completed, signed, and dated.
7. All "outdated" registration forms shall be kept on file for one additional year (e.g., the 2014 registration form must not be purged until the end of 2015).
8. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature boxes as witness to the parent's signature and date.
9. The original Navy CYP Registration Form (CNICCYP 1700/15) shall be kept in the Emergency Registration Binder. This binder shall be maintained in an easily accessible location and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency.
10. A duplicate of each child's Navy CYP Registration form, with local emergency contact names/numbers must be taken on each field trip.
11. Medical insurance policy numbers are not required for parents who are active duty. Social security numbers are used to identify the member for medical and insurance purposes and should not be collected.

### For Child Development Homes (CDH)

1. CDH Providers shall maintain the original Navy CYP Registration Form for each child in the home. Form shall be kept in an easily accessible location for emergency contact or evacuation purposes.
2. The CDH office shall maintain an alphabetized binder with a current copy of each child's Navy CYP Registration Form for each child enrolled in the CDH program. Forms shall be kept in an easily accessible location for emergency contact or evacuation purposes.



## NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

Start Date (MM/DD/YYYY):		<b>Requiring Directive OPNAVINST 1700.9</b>	
Child's Name (Last, First, Middle):	Male      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: \_\_\_\_\_

**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 PERMISSION STATEMENTS 1700/43

### INSTRUCTION PAGE

#### For all programs:

1. Separate permission statements shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. The parent(s) must initial and date all permissions, releases, and acknowledgements. This is the sponsor's confirmation that he/she agrees with the statements.
4. Annually, a new permission statement form shall be completed, initialed, and dated.
5. All "outdated" permission statements shall be kept on file for one additional year (e.g., the 2015 form must not be purged until the end of 2016).
6. The original Navy CYP Permission Statements Form (CNICCYP 1700/15) shall be kept in the child's administration file.



## 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

*(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)*

1. Does your child have any medical needs that require assistance while in care? Yes      No  
If "Yes," please check all that apply below:  

<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.)? ☐ Yes    ☐ No  
If "Yes," please list the allergies/allergic reactions:
4. Does your child have any food allergies? ☐ Yes    ☐ No    If "Yes," please list all food allergies and reaction to each food your child experiences:
5. Does your child require an EpiPen®? ☐ Yes    ☐ 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)? ☐ Yes    ☐ No  
If "Yes," please describe:

#### PART B: IDENTIFICATION OF MEDICATION NEEDS

7. Is your child currently taking medication? ☐ Yes    ☐ 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? ☐ Yes    ☐ 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.

<i>Sponsor's Initials and Date:</i>	<i>Sponsor's Initials and Date:</i>	<i>Sponsor's Initials and Date:</i>	<i>Sponsor's Initials and Date:</i>
_____	_____	_____	_____

**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 HEALTH INFORMATION FORM 1700/52

### INSTRUCTIONS

1. If your child has medical needs that require assistance while in care, answer “Yes” and check all of the boxes that apply. If any boxes are checked, an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) and a Medication Administration form (if your child will need medication while in care) completed by your child’s physician is required.
2. If “Other Chronic Medical Needs” or “Physical Disability” is checked in Question #1, provide a brief description of your child’s need (e.g. blindness/visual problems, hearing problems, etc.). An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) and a Medication Administration form (if your child will need medication while in care) completed by the child’s physician may be required upon review.
3. Answer “Yes” if your child suffers from allergies or allergic reactions (e.g., seasonal hay fever, bee stings, hives, rashes, etc.), then list the allergies/allergic reactions. An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) and a Medication Administration form (if your child will need medication while in care) completed by the child’s physician may be required upon review.
4. Answer “Yes” if your child has any food allergies. List any food allergies (see definitions at the bottom of the page) which require food substitutions. A medical statement must be completed by the child’s primary physician which explains the food substitutions that are necessary to meet the child’s needs.
5. Answer “Yes” if your child needs an EpiPen®, and if CYP staff may need to use it for your child. Describe the type of situation when an EpiPen® might be needed. If “Yes,” an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) and a Medication Administration form completed by the child’s physician is required.
6. Answer “Yes” if your child has any food intolerances (see definitions at the bottom of the page) that require food substitutions, and provide a short description of the child’s food intolerance (e.g., lactose intolerant, gluten intolerant, etc.). A medical statement must be completed by the child’s primary physician which explains the food substitutions that are necessary to meet the child’s needs.
7. If your child takes any medication(s), list the medication(s) your child takes and how often he/she takes the medication(s).
8. If your child will require medication(s) while in care at the CYP, answer “Yes,” then list the medication(s). A Medication Administration form completed by the child’s physician is required. For any conditions that require rescue medication, an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) completed and signed by your child’s physician will be required.
9. Answer “Yes” if your child is allergic to any medication(s), then list the medication(s) and describe the reaction(s) your child experiences with each medication.
10. Check the boxes applicable for any other types of assistance your child may need while in care.
11. Provide a brief explanation of support your child will need while in care to address the areas answered in Question #10 (or write “None” if no other type(s) of assistance is/are needed for your child).
12. Provide a short description of any other type(s) of assistance not previously listed that your child will need while in care (or write, “None” if no other type(s) of assistance is/are required for your child).
13. Answer “Yes” if your child is receiving services based on an IFSP or IEP and provide a copy of your child’s IFSP/IEP so that we can best support his/her needs.
14. Answer “Yes” if your child is enrolled in the EFMP. If “Yes,” you may wish to provide the EFMP Enrollment Letter for your child’s file.

#### Definitions:

**Food Allergy:** When a child has a food allergy, his/her body responds to food as if it were a threat. The body’s immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. The only way to prevent a life-threatening reaction is strict **avoidance** of the allergen.

**Food Intolerance:** When a child has a food intolerance, it is a reaction of the digestive system and is not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerances likely do not have prescribed medications for their condition and do not need an EAP. Some common food intolerances are lactose and gluten.



## TEXT MESSAGING CONSENT FORM—CNICCYP 1700/58

OPNAVINST 1700.9 (series)

In an effort to provide families with up-to-date information, the Navy Child Youth Program (CYP) requests parents to authorize programs to send text messages to parents/guardians and/or youth. All text messages will originate from official Navy email servers or Government-owned cellphones. However, in youth sports, Coaches may also contact parents and youth via personal cellphones. Standard messaging and data rates may apply. Text messages may include, but are not limited to the following: special event information, inclement weather updates, sports practice and game status changes, and other relevant CYP information. To minimize intrusion, messages will be sent primarily during typical business hours.

### Authorization for Text Messaging

**I grant permission** for the CYP to send me, the parent/guardian, text messages at any time. Yes      No

Name of Parent/Guardian: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Cellphone Provider: \_\_\_\_\_

**I grant permission** for the CYP to send my youth text messages at any time. Yes      No

Name of Youth: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Cellphone Provider: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**