



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:	CDC CDH 24/7 Center	SAC YP YSF	Type of Care:	Full-Time Part-Time Part-Day Enrichment	Before School After School Before & After Hourly Care	Hourly Care School Camp		
Sponsor's Name (Last, First, Middle):		Rank/Rate:	Branch:	Status:	ACT CRT	CIV RES	RET COM CIV	CYP
Home Address (include City and Zip Code):		Lives on base	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:	Single Parent Dual Military FT Working Spouse/Partner	PT Working Spouse/Partner Student Spouse/Partner 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(s) enrolled in another Child and Youth Program: Yes No (If yes, list child(ren)'s name and program)								

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	Home Phone	Work Phone	Cell Phone

Non-Emergency Authorized Release/Pick-Up Contacts (will not be contacted for emergencies)

(Authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible)

Name	Relationship to Child	Home Phone	Work Phone	Cell 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 the 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 Company		Policy/Group Number (not needed for Active Duty)	
Name of Policy Holder		Name of Child's Physician	
Sponsor's Consent for Ambulance for Emergency Care 			Date

Sponsor's Signature and Date <i>(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)</i> 		Date
CYP Representative's Signature and Date <i>(Signature indicates the CYP Representative has reviewed the registration form and verified the family's eligibility and priority type)</i> 		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.



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Instructions for Completing the Navy Child and Youth Programs Registration Form

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 "Registering for" block, check the program(s) for which you are registering (CDC – Child Development Center, SAC – School Age Care, CDH – Child Development Home, YP – Youth Programs, YSF – Youth Sports and Fitness, 24/7 Center)
4. For the "Status" block, check any category that applies to the status of sponsoring parent and/or military spouse, if applicable (Key: ACT – Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian, CYP – CYP Employee).
5. Medical insurance policy numbers are not required for parents who are active duty.
6. After completing the form, sign and date all required signature blocks. This verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.
7. If information becomes outdated during the year (before the next year's annual registration), the parent may cross out the incorrect or outdated information and write in ink the new updated information. Initial and date any updated information on the form.
8. Annually, a new form shall be completed, signed, and dated.
9. 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.