

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 <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Other		Mil Rank: _____
Home Phone (with area code):	<input type="checkbox"/> Single Military <input type="checkbox"/> Dual Military <input type="checkbox"/> N/A		
Cell Phone (with area code):	<input type="checkbox"/> Single Civilian <input type="checkbox"/> Dual Civilian		
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 <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DoD Civilian <input type="checkbox"/> Other		Mil Rank: _____
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

NAVMC 11903 (09-13) (EF)

FOUO - Privacy sensitive when filled in.

CYTP INFORMATION

Child/Youth/Teen First & Last Name:	Nick Name:
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Gender: Male 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"/> Hourly 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"/> School Age Day Camp
<input type="checkbox"/> Youth Program (Age 6-12)	<input type="checkbox"/> Teen Program (Age 13-18)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Off Base Family Child Care

CYTP INFORMATION

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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

Parent/Guardian Signature	Date
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For office use only

Registration Fee:	Amt:	Receipt #:	Amount Paid:	Paid on:	Rcvd by:
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Pass Issued: CY-Child CY-SAC CY-YT CY-YZZ-Privilege Pass



CHILD & YOUTH PROGRAMS
Statement of Special Needs, Medical or Developmental Conditions

Purpose: To provide child and family program eligibility and background information; to assist with child’s placement and obtain sponsor consent for access to emergency medical care; and to provide data required by EFMP. Policies shall be implemented to ensure that appropriate services are provided for children, youth and teens with special needs. Such policies shall meet the requirement of the Rehabilitation Acts and the Department of Defense Directive 1020.1, Non-Discrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense.

Routine Uses: This information will be shared with members of the Inclusion Action Team (IAT) to assist with making an informed decision about your child’s placement. Information is used for program admission to ensure staff training is pertinent to the child’s needs. Information is furnished for the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent.

Disclosure: Disclosure of information is voluntary; however, if information is not provided, individuals may not be allowed to participate in Child and Youth Programs. Please note any medication your child may take, or has taken consistently in the last six months.

Child/Youth Name (Last, First)	Sponsor Name	Date of Birth	Program (Circle)
			<input type="checkbox"/> CDC <input type="checkbox"/> SAC <input type="checkbox"/> Youth &Teen

Please check (✓) if your child has any of the following:

	Asthma Please indicate severity/triggers:
	Apnea
	Autism (to include PDD-nonspecific, Asperger’s Syndrome, or any Pervasive Developmental Disorder)
	Allergies (severity allergies to bee stings, severe environmental or severe food allergies; severe is defined as “life threatening conditions occur when contact with allergen is made”)
	Any chromosomal disorder (such as Down Syndrome, Velo-Cardio Facial Syndrome, X-chromosome disorders or a mutation of any chromosome)
	Seizure Disorder Please indicate type:
	Diabetes
	(Infants Only) Prematurity, as defined as born before 36 weeks gestation
	Developmental Disability (mental retardation)

Developmental Delay Please check all that apply: <input type="checkbox"/> communication or speech delay <input type="checkbox"/> emotional delay <input type="checkbox"/> motor/physical skill delay
Blood disorder (such as hemophilia) Note: If child is HIV positive, do not indicate it on this form. To safe guard your child's confidentiality, you may choose to reveal your child's HIV status to the director. This will aid the program in providing services to safeguard you child's health.
Attention Deficit Disorder with/without Hyperactivity (ADD/ADHD)
Severe Behavior Disorder (SBD)
Obsessive Compulsive Disorder (OCD)
Other mental health condition (such as paranoia or schizophrenia)
Hard of hearing or deaf
Blind
(For toddlers, preschoolers and school-aged children) Unable to walk, including children using a wheelchair
Suffered several physical trauma (due to incidents such as, but not limited to, automobile accident, a severe fall, physical abuse)
Suffered severe emotional trauma (due to incidents such as, but not limited to, any type of abuse, death of a parent or sibling)
Digestive Disorder Specify:
Respiratory Disorder Specify:
Chronic Heart Condition
Disorder of the spine or skeletal system (such as scoliosis)
Missing limb
Other special needs or medical conditions not listed. Specify:
Routine Medications Specify:
Required special care or services Specify:
My child has NO special needs or diagnosed condition(s).

If your child has been identified with any special needs, are you currently enrolled in the Exceptional Family Member Program? YES NO

I have disclosed, to the best of my ability, any special needs, medical, or developmental conditions my child may have.

Sponsor's/Parent's Signature: _____	Date _____
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CHILD & YOUTH PROGRAMS
STATEMENT OF UNDERSTANDING

As an enrolled parent of the Child & Youth Programs, I understand that the guidelines listed below are essential to ensure the health, safety, and general wellbeing of my child. Further, I understand that failure to comply with these regulations will result in adverse action being initiated on the part of management and the separation from Child & Youth Programs.

Please initial beside each statement.

GENERAL:

_____ I understand that all records regarding youth placed in Boys and Girls Club programs are the property of MCCS Youth Activities. Parents may obtain a copy of their membership upon request.

_____ I understand that MCCS Child and Youth Programs may not be available on federal holidays, during typhoons, and short-term emergencies. MCCS Marine and Family Services will give notification in advance of additional periods of non-service as determined.

_____ I understand that it is the responsibility of the sponsor to ensure all information given to the Child and Youth Programs is accurate and updated annually, including emergency contacts and any significant medical information.

_____ I understand that on occasion, MCCS and/or MCAS Iwakuni Media personnel may cover Child and Youth Programs events, which are of importance to the Iwakuni community. I understand that my child may be featured in any of our programs and that such photos/videos are the sole property of MCCS and/or MCAS Iwakuni Media.

HEALTH AND WELLNESS:

_____ I understand that my request to have over-the-counter medications available for administration to my minor child may cause a physical reaction(s) including, but not limited to, headache, vomiting, chills, gastrointestinal upset, diarrhea, and other associated physical reactions.

_____ I understand my child is not to be brought to any Child and Youth facility if he/she is ill. This includes, but is not limited to, a fever of 100 degrees or higher, vomiting, diarrhea, rash or discharge from the eyes. I understand that I will be notified by CYP staff if my child should become ill.

_____ I understand that parent education classes and resource are available upon request through the CYP Military Family Life Consultant (MFLC). I also understand that an MFLC is on site and may work with my child if necessary or requested.

BEHAVIOR:

_____ I understand that if my child displays consistent behavioral problems that hinder the staff's ability to continue the program for the other children that I may be asked to meet with the program leads or the facility supervisor to create behavior action plan. If my child's behavior continues to be disruptive or cause harm to him/herself or other children that my child may ultimately be unenrolled from the program.

TOUCH POLICY:

_____ I understand that the touch policy is based on the premise that positive physical contact with children is absolutely necessary for their guidance; whereas "no touch" under any circumstances creates a stark and unacceptable atmosphere for children. Based on this premise, individuals involved in direct care will provide positive physical contact (appropriate touch) and refrain from inappropriate touch. Children will always have the option to refuse touch except in the case of danger to other children or the child him/herself.

To clarify, appropriate touch involves: recognition of the importance of physical contact to child nurturance and guidance, adult respect for personal privacy and personal space for children, having the permission of the other for touch, response effecting the safety and well-being of the child, and role-modeling of appropriate touch by direct care staff.

ELECTRONICS POLICY:

_____ Child & Youth Programs (CYP) along with the Boys' and Girls' Club have taken proactive steps to ensure your child's safety while using the internet service at any of our facilities. While we use internet filters in an attempt to block inappropriate websites and material, your child may gain access to these items. The internet is always changing, and it is virtually impossible to block all inappropriate material that can be found.

_____ I understand that users are not authorized to tamper with any of the computer settings. Users will be held liable for any damages caused to the hardware and software.

_____ I understand that users will be limited to thirty minutes, unless no one else is waiting. Computers will be shut down 15 minutes prior to closing time.

_____ I understand that food and beverages are not allowed in the computer area.

_____ I understand that viewing or downloading any material containing nudity or pornography is not permitted as regulated by local law. This is an illegal act, and if a user is caught viewing a sight that is inappropriate they will lose all internet privileges for the rest of the school year.

_____ I understand that any attempted access to restricted material will warrant immediate pick up by parent/guardian. Prior to the child returning to any CYP facility a parent and site supervisor conference shall be held.

_____ I understand that computer equipment used by youth is subject to monitoring at all times.

Please circle YES or No.

YES/NO I give permission for my child to have access to the internet while at a CYP facility. (Please note: youth are authorized to use social networks such as Facebook and YouTube.)

YES/NO I give permission for my child to play computer games while at a CYP facility.

YES/NO I give permission for my child to play X-Box 360/PlayStation/Wii games at a CYP facility.

YES/NO I give permission for my child to play games rated T (Teen).

*Please note: children ages 10-12 only have access to games rated E; however youth ages 13-18 have access to games rated both E and T. Titles rated T (Teen) have content that may be suitable for ages 13 and older. Titles in this category may contain violence, suggestive theme, crude humor, minimal blood and/or infrequent use of strong language.

Sponsor's/Parent's Signature: _____ Date _____