



NAVY CHILD AND YOUTH PROGRAM REGISTRATION FORM 1700/04

Start Date (MM/DD/YY):					Requiring Directive OPNAVINST 1700.9				
Child's Name (Last, First, Middle):				<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (MM/DD/YY):		Age:	
Name of Child's School (if applicable):						Child's School Grade Level (if applicable):			
Registering for:	<input type="checkbox"/> CDC	<input type="checkbox"/> 24/7	<input type="checkbox"/> SAC	<input type="checkbox"/> YSF	Type of Care:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Hourly Care	<input type="checkbox"/> Before & After School	
	<input type="checkbox"/> CDH	Center	<input type="checkbox"/> YP	<input type="checkbox"/> Part-Time		<input type="checkbox"/> Before School	<input type="checkbox"/> Camp		
Sponsor's Name (Last, First, Middle):					Rank/Rate:	Branch:	Status:	<input type="checkbox"/> ACT <input type="checkbox"/> CIV DoD	
								<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/applicable; MM/DD/YY)	
Family Type:	<input type="checkbox"/> Single Parent Military	<input type="checkbox"/> FT Working Spouse	<input type="checkbox"/> Student Spouse	<input type="checkbox"/> If Spouse is Military:	Branch:	Rank/Rate:			
	<input type="checkbox"/> Dual Military	<input type="checkbox"/> PT Working Spouse	<input type="checkbox"/> Unemployed Spouse						
Spouse's Name (Last, First, Middle):									
Spouse's Work Phone (include area code):			Spouse's Cell Phone (include area code):			Spouse's Email Address:			
Does child have 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: These individuals will be contacted in case of an emergency when the parent cannot be reached. They are authorized to pick up the child in emergency and 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	
(OPTIONAL) Non-emergency Authorized Release/Pick Up Contacts: These individuals are authorized to pick up the child, but will not be contacted for emergency situations.									
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 transport. 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/Phone:	
SIGN HERE Sponsor's Consent for Ambulance for Emergency Care and Date:							
SIGN HERE 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.



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INSTRUCTION PAGE

For all programs:

1. A separate registration form shall be completed for each child who is being registered.
2. The parent shall complete all the applicable information about the family and/or child.
3. The parent shall select the program(s) and types of care for which the child is being registered: Child Development Center (CDC), Child Development Home (CDH), 24/7 Center, School Age Care (SAC), Youth Program (YP) and/or Youth and Sports Fitness (YSF).
4. For the "Status" blocks, check any category that applies 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).
5. All families **must** provide at least two local emergency contacts who will be contacted in case of an emergency if a parent cannot be reached. Emergency contacts are also authorized to pick the child up from care in non-emergency situations.
6. Non-emergency authorized release/pick up contacts are optional (i.e., families are not required to provide non-emergency authorized release/pick up contacts). If the family chooses to provide non-emergency authorized release/pick up contacts, those listed as such will be authorized to pick the child up from care, but will not be contacted for emergency situations unless they are also listed as an emergency notification contact in the emergency notification contact section.
7. 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 types of emergencies.
8. 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.
9. Annually, a new form shall be completed, signed, and dated.
10. 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).
11. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature box as witness to the parent's signature and date.
12. Medical insurance policy numbers are not required by the CYP for parents who are active duty. Social security numbers are used to identify the military member for medical and insurance purposes and should not be collected.
13. The original Navy CYP Registration Form (CNICCYP 1700/04) shall be kept in the Emergency Registration Binder. This binder shall be maintained in an easily accessible location.
14. Emergency information for all children must be maintained at all times and readily accessible in a portable file to be taken outside in case of emergency or during an evacuation drill, along with the daily sign-in sheet and classroom Inclusion Support Plan Binder (for identified/medical needs). The portable file may be a CYMS report of all children and their emergency information or the Emergency Registration Binder (which includes all children's original registration forms). A portable file, with emergency information for all children, and the classroom Inclusion Support Plan Binder must also be taken on each field trip or whenever children are transported.

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.