

NAVY CHILD AND YOUTH PROGRAMS REGISTRATION FORM

START DATE:

REQUIRING DIRECTIVE OPNAVINST 1700.9

NAME OF CHILD (LAST, FIRST, MIDDLE)		SEX	BIRTHDATE (DD/MM/YY)		AGE
SPONSORS NAME (LAST, FIRST, MIDDLE)			RANK/RATE	BRANCH	STATUS: ACT RET RES CIV CTR COMCIV
HOME ADDRESS (Include City and Zip Code)				HOME PHONE	
E-MAIL ADDRESS				CELL PHONE	
DUTY STATION		DUTY PHONE		PCS DATE	
(CIRCLE ONE) SINGLE PARENT FULL-TIME WORKING SPOUSE PART-TIME WORKING SPOUSE		DUAL MILITARY STUDENT SPOUSE UNEMPLOYED SPOUSE		IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF	
SPOUSE'S NAME (LAST, FIRST)		PLACE OF EMPLOYMENT		PHONE NUMBER	CELL PHONE

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents) (minimum of TWO (2) LOCAL REQUIRED)

NAME	PHONE NUMBER	RELATIONSHIP

SCHOOL NAME:

GRADE:

DATE OF LAST MEDICAL EXAM: _____ STATUS ☐ GOOD HEALTH ☐ IF NOT, PLEASE SPECIFY:

ALLERGIES: ☐ YES ☐ NO IF YES, WHAT?

SPECIAL NEEDS: ☐ YES ☐ NO IF YES, EXPLAIN:

SPONSOR AGREEMENT:

Field Trip/Transportation Permission: I hereby grant permission for my child to participate in Navy Child and Youth Program (CYP) sponsored field trips.

- CDC trips may include: walking in the immediate CYP facility area (infants may be transported in a buggy/stroller) or on the military installation. Preschool trips may require bus transportation (CYP or chartered).
- SAC/YP trips may include: bus transportation (CYP or chartered) to and from schools and field trip locations in the metro area. CYP may also offer planned walks in the CYP facility area and on the military installation.
- I understand that Navy CYP will provide advance, written notification of each trip outside the immediate area of the facility.

Media Release:

I hereby grant permission for my child to be included in the use of the following formats for the purpose of education and publicity for the Navy CYP community in perpetuity without further consideration from me:

- photographs, video, and audio used in the CYP facility and media such as: Navy CYP Facebook, military installation website, CNIC CYP website, etc.

Permission is denied for Media Release _____ (Initial Here)

Topical Non-Prescription Product Application:

I hereby grant permission for Navy CYP employees to apply external, topical non-prescription products such as diaper cream, sunscreen, insect repellent, etc. to my child, as needed. If I choose topically applied products that are not supplied by Navy CYP, a Materials Safety Data Sheet will be required for each product.

Permission is not granted for Topical Non-Prescription Product Application _____ (Initial Here)

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.

I have received a copy of and understand the policies contained in the Navy CYP Parent Handbook. Additionally, I understand that I may revoke/invoke any of the above permissions in writing at any time.

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD AND YOUTH PROGRAM (CYP) REPRESENTATIVE TO CALL AN AMBULANCE FOR MY CHILD, _____, ONLY FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME OR MY EMERGENCY DESIGNEES PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY MEDICAL FACILITY.

NAME OF CHILD'S MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ NAME OF INSURED: _____

SPONSOR SIGNATURE

DATE

CYP REPRESENTATIVE SIGNATURE

DATE

PRIVACY ACT STATEMENT:

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.

INSTRUCTIONS FOR CHILD AND YOUTH PROGRAMS (CYP) REGISTRATION FORM

A separate form shall be completed for each child registered.

The parent shall complete all the information about the family and/or child.

STATUS BLOCK: Circle any area(s) that apply to the status of sponsoring parent (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).

After completing the form, parent(s) must sign and date in the SPONSOR AGREEMENT section. This signature and date verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.

At least annually or when the information is outdated, a new form will be completed, signed, and dated.

A CYP representative (e.g., clerk, director, provider, etc.) will sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

The original Navy CYP Registration Form (CNICCYP 1700/04) shall be kept in the CYP Child Registration Form File. This file shall be maintained in an easily accessible file and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency. A copy shall be maintained in the child administration file shall be maintained at the front desk administrative area in a locked file cabinet or locked file box. **Programs using CYMS are NOT required to maintain a separate copy in the child's administration file; however, all information must be kept current in CYMS.**

CHILD DEVELOPMENT HOME PROGRAMS:

CDH providers shall maintain the original CYP Registration Form for each child in the home. Forms shall be in an easily accessible location for emergency contact or evacuation.

The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Form for each child enrolled.

Forms shall be in an easily accessible location (for the telephone or for evacuation).

FOR ALL PROGRAMS:

Registration forms, with the sign-in sheet, shall be taken outside during an evacuation drill or in the event of an emergency.

A duplicate copy of each child's Navy CYP Registration Form, with local emergency contact numbers/names must be taken on each field trip.

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.