



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"/> CDH <input type="checkbox"/> YP <input type="checkbox"/> 24/7 Center <input type="checkbox"/> YSF		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Part-Day Enrichment <input type="checkbox"/> Hourly Care		<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After <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"/> PT Working Spouse/Partner <input type="checkbox"/> Student Spouse/Partner <input type="checkbox"/> Unemployed Spouse/Partner		If Spouse/Partner is Military: Branch: Rank/Rate:	
<input type="checkbox"/> Single Parent <input type="checkbox"/> Dual Military <input type="checkbox"/> FT Working Spouse/Partner					
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.

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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.