

How to Complete this Packet

Please complete one Packet per child. The only form that can be duplicated or turned in once is the Registration Form.

Please remember to attach a copy of your Youth/Teens current Flu Vaccination or exemption form.

1. Registration Form

- a. Please include all information for the Parents to include: Phone Number, Working Email, Command/Employer, Rank.**
- b. TWO Emergency contacts are required. These cannot be the parents and must be located in Iwakuni.**
- c. Please put your youth/teens name, DOB and any nicknames.**

2. Statement of Understanding

- a. Please read carefully and sign and initial where prompted.**

3. Statement of Special Needs

- a. This MUST be filled out whether or not your teen has any medical or developmental conditions.**
- b. If your youth/teen does NOT have anything to report, please check off the last box and sign.**
- c. If your youth/teen has Allergies, Asthma or any other medical conditions, the CYP Community Nurse will contact you for further questions.**

USMC CHILD AND YOUTH PROGRAMS REGISTRATION FORM

OMB No. 0703-0068

OMB Approval Expires
09/30/2025

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; DoD Instruction 6060.02, Child Development Programs; DoD Instruction 6060.4, Youth Programs; OPNAVINST 1700.9 series; Marine Corps Order 1710.30, Marine Corps Child and Youth Programs (CYP); and [SORN NM01754-3](#).

PURPOSE: Information provided is used by Children and Youth Programs (CYP) for purposes of patron registration in CYP programs and activities and parent/guardian and emergency contacts.

ROUTINE USES: Information will be accessed by CYP personnel with a need to know to meet the purpose. Information is not routinely disclosed outside of DoD. Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. A complete list and explanation of the applicable routine uses are published in the authorizing SORNs available at: <https://dpcl.dod.mil/Privacy/SORNsIndex/DODwide-SORN-Article-View/Article/570428/nm01754-3/>.

DISCLOSURE: Information is voluntary; however, failure to provide information may adversely impact individuals from participation in CYP activities.

RECORD MANAGEMENT: This form shall be managed in accordance with record schedule 1000-39, "Family Support Programs (Temporary)" of SECNAV M-5210.1.

The public reporting burden for this collection of information, OMB No. 0703-0068, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS. Responses should be sent to your Regional Director.

INSTRUCTIONS FOR COMPLETING NAVMC 1750/5

GENERAL

This form is completed by the parent/legal guardian or custodian, or Agent acting pursuant to a power of attorney. Information provided is used by Child and Youth Programs (CYP) for purposes of participant registration in CYP programs and activities. At least annually or when the information is outdated a new form will be completed, signed, and dated.

SPONSOR INFORMATION

Items 1-3. Self-explanatory.

Item 4. Indicate Sponsor's status in the military.

Item 5. If applicable, indicate Sponsor's military grade, otherwise type "N/A".

Item 6. Indicate branch Sponsor is affiliated with.

Items 7-10. Self-explanatory.

Item 10a. Name of cell phone carrier.

SPOUSE / GUARDIAN INFORMATION

Items 11-20a. Please follow instructions for items 1-10a above as it relates to the spouse / guardian.

CHILD / YOUTH INFORMATION

Items 21-23. Self-explanatory. There are three sections provided on the form if the family is registering multiple participants. Please fill in one section for each participant.

Item 24. Answer Yes if use of video and photographs are allowed. Otherwise, answer No.

Answer Yes if participant is allowed to attend field trips. Otherwise, answer No.

Answer Yes if you received the Parent Handbook. Otherwise, answer No.

Answer Yes if participant is allowed to use computers and internet. Otherwise, answer No.

Answer Yes if you are aware of the DoD Priority Supplanting Policy. Otherwise, answer No.

LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES

Items 25-28. Self-explanatory. These individuals will be contacted when the parents/guardians are unavailable and also have permission to depart the premises with the participant. There are three rows for multiple emergency contacts/release designees. Fill out one row for each emergency contact/release designee.

Item 29. Provide the relationship that the emergency contact/release designee has with the participant.

Items 30-31. Self-explanatory.

SPONSOR INFORMATION

1. Name (First MI Last):			
2. Address:			
3. Command/Unit/Employer:			
4. Military Status:	5. Military Grade:	6. Branch:	7. Email:
8. Home Phone:		9. Work Phone:	
10. Cell Phone:		10a. Cell Carrier:	

SPOUSE / GUARDIAN INFORMATION

11. Name (First MI Last):			
12. Address:			
13. Command/Unit/Employer:			
13a. Full-time Student Post-Secondary Institution? <input type="radio"/> Yes <input type="radio"/> No			
14. Military Status:	15. Military Grade:	16. Branch:	17. Email:
18. Home Phone:		19. Work Phone:	
20. Cell Phone:		20a. Cell Carrier:	

CHILD / YOUTH INFORMATION

21. Child 1 First and Last Name:			Nick Name:		
Gender:		Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment: <input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:					
22. Child 2 First and Last Name:			Nick Name:		
Gender:		Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment: <input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:					
23. Child 3 First and Last Name:			Nick Name:		
Gender:		Birthdate:		School Grade (K-12 or N/A):	
Program Enrollment: <input type="radio"/> Full Day <input type="radio"/> Part Day <input type="radio"/> Hourly <input type="radio"/> Family Child Care <input type="radio"/> School Age Care (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:					
24. Please answer the following questions by marking either Yes or No:					
I allow use of video and photographs of my child within the CYP program.			I give my permission for child to use supervised computers and internet.		
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
I approve my child/youth to attend field trips.			I am aware of the DoD Priority Supplanting Policy		
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
I have received a copy or was given the website on where to get a "Parent Handbook".					
<input type="radio"/> Yes <input type="radio"/> No					

LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES (minimum of three contacts required)

25. Name (First MI Last)	26. Address	27. Home Phone	28. Cell Phone	29. Relation to Child
30. Parent/Guardian Signature:			31. Date:	

Child Name
Sponsor Name



CHILD & YOUTH PROGRAMS

As a parent of a child enrolled in Child & Youth Programs, I understand the guidelines listed below are essential to ensure the health, safety, and general well-being of my child. Further, I understand that failure to comply with these regulations will result in corrective action from management, and may result in the termination of child care services.

Please initial beside each statement.

- _____ All requests for care must be made through militarychildcare.com.
- _____ All Registration paperwork and Health Assessments must be updated annually.
- _____ All questions and concerns about fees, discounts, vacation credit, withdrawals or terminations ,late charges, and eligibility regulations can be addressed by the Resource and Referral Specialist at 253-5064
- _____ A CYMS swipe card will be issued upon enrollment to the program. This card must be used at the CYMS Swipe Card Station to check your child in or out of the building prior to dropping off or picking up.
- _____ Cell phone usage in the building is prohibited during pick-up and drop-off to ensure effective communication with the program staff.
- _____ USDA approved meals are provided at no cost for children who eat table food. All meals must be consumed on site. No outside food or drink is allowed at CYP Programs.
- _____ Weather appropriate clothing is required for attendance. Parents should provide multiple spare sets of clothes for all children, regardless of age. Closed-toe shoes and socks must be worn at all times. Soiled clothing will be placed in a bag and sent home at the end of the day.
- _____ I understand my child is not to be brought to any Child and Youth facility if they are 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 will have one hour to pick up my child before my emergency contact is notified for pick up. My child must be free of symptoms and fever reducing medication for 72 hours prior to returning to any CYP facility. *****Note: Please refer to the COVID Pandemic Exclusion Policy when applicable. *****
- _____ I understand that the Child & Youth Programs have a quarterly Parent Advisory Board (PAB) meeting. This meeting is to discuss upcoming events within the programs and also gives families the opportunity to contribute ideas and input into improving the program as a whole. The PAB is open to all families with children in CYP. I understand that parent participation is highly encouraged and I can contact my child's teacher to share my special talents and/or skills.
- _____ Child & Youth Programs 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.



CHILD & YOUTH PROGRAMS TEEN CENTER

As a parent of a child enrolled in Child & Youth Programs, I understand the guidelines listed below are essential to ensure the health, safety, and general well-being of my child. Further, I understand that failure to comply with these regulations will result in corrective action from management, and may result in the termination of child care services.

Please initial beside each statement.

- _____ Operations of the Teen Center (YTC) currently occur on Friday 1730-2200 and Saturday 1200-2200 (Discuss modified hours if applicable) for Teens ages 13-18.
- _____ There are no fees associated with the Teen program. All enrollments and withdrawals must be done through the Resource and Referral program.
- _____ An up-to-date copy of the Flu Vaccine is required each year to participate in the program.
- _____ *Contact the CYP Community Nurse for more information*
- _____ Teen Center patrons swipe in and out by themselves with their CYMS swipe card. Parents that come into the Teen Center must sign in to the visitor's log at the welcome desk.
- _____ Food is not provided at the center, but outside food is permitted.
- _____ **Please do not bring any nuts into the center**
- _____ If your child shows any signs or symptoms that requires exclusion from the program and they are able to walk home, they will be sent home (Please refer to exclusion policy).
- _____ If your child has a chronic illness or medical issue such as Asthma or Allergies that require medication, an annual Health Assessment is required to participate in the program.
- _____ If your child requires the use of medication while attending our programs, a Medication Authorization form is required to be completed by the physician and parent BEFORE the medication can be stored and administered at our facility. For children with life threatening conditions that require the use of an inhaler or Epi-Pen, the action plan and Medication Authorization form must be completed before the child will be admitted for care. ***Epi-Pens must be on hand while at the childcare facility. ***
- _____ I will keep the center updated on any changes in my child's special needs and medical diagnosis's
- _____ Teens will be sent home if they display negative or aggressive behavior and parents will be called.
- _____ Personal items can be brought to the center however, the center will not be held responsible for lost, stolen or damaged items.
- _____ I understand CYP personnel providers are mandated to report any suspected child maltreatment or neglect.

_____ Field Trips organized by the Youth and Teen Centers will be posted in advance and sign-ups will be available through Eventbrite.

Fees may be required for participation

_____ 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.

_____ Computer equipment used is subject to monitoring at all times.

Please Check
YES or No.

YES/NO I give permission for my child to be involved in activities that include videotaping and/or photographing within childcare centers.

YES/NO I give permission for my child's photo to be included in web based communication to include the MCCC Iwakuni Facebook Page.

YES/NO I give permission for my child to have access to the internet while at a CYP facility.

YES/NO I give permission for my child to view "PG" rated movies.

YES/NO I give permission for my child to view "PG-13" rated movies.

YES/NO I give permission for my child to play video games rated "T".

Sponsor's/Parent's Signature: _____

Date_____



CHILD & YOUTH PROGRAMS YOUTH CENTER

As a parent of a child enrolled in Child & Youth Programs, I understand the guidelines listed below are essential to ensure the health, safety, and general well-being of my child. Further, I understand that failure to comply with these regulations will result in corrective action from management, and may result in the termination of child care services.

Please initial beside each statement.

- _____ Full operations of the Youth Center occur from **1430-1700** (1330-1700 early release days) and from **1000-1700** on no school days. (Discuss modified hours if applicable) for Youth ages 10-13.
- _____ There are no fees associated with the Youth and Teen program. All enrollments and withdrawals must be done through the Resource and Referral program.
- _____ An up-to-date copy of the Flu Vaccine is required each year to participate in the program.
- _____ *Contact the CYP Community Nurse for more information*
- _____ Youth Center patrons swipe in and out by themselves with their CYMS swipe card. Parents that come into the Youth Center must sign in to the visitor's log at the welcome desk.
- _____ USDA approved meals are provided at no cost for youth. All meals must be consumed on site. No outside food or drink is allowed at CYP Programs.
- _____ Youth are served afternoon snacks during the school year. An additional lunch and snack are served during break days.
- _____ Outside food is permitted with the exception of nuts of any kind.
- _____ If your child shows any signs or symptoms that requires exclusion from the program and they are able to walk home, they will be sent home (Please refer to exclusion policy).
- _____ If your child has a chronic illness or medical issue such as Asthma or Allergies that require medication, an annual Health Assessment is required to participate in the program.
- _____ If your child requires the use of medication while attending our programs, a Medication Authorization form is required to be completed by the physician and parent BEFORE the medication can be stored and administered at our facility. For children with life threatening conditions that require the use of an inhaler or Epi-Pen, the action plan and Medication Authorization form must be completed before the child will be admitted for care. ***Epi-Pens must be on hand while at the childcare facility. ***
- _____ I will keep the center updated on any changes in my child's special needs and medical diagnosis's
- _____ Youth will be sent home if they display negative or aggressive behavior and parents will be called.

_____ Personal items can be brought to the center however, the center will not be held responsible for lost, stolen or damaged items.

_____ I understand CYP personnel providers are mandated to report any suspected child maltreatment or neglect.

_____ Field Trips organized by the Youth and Teen Centers will be posted in advance and sign-ups will be available through Eventbrite.

Fees may be required for participation

_____ 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.

_____ Computer equipment used is subject to monitoring at all Times

Please Check

YES OR NO

YES/NO I give permission for my child to be involved in activities that include videotaping and/or photographing within childcare centers.

YES/NO I give permission for my child's photo to be included in web based communication to include the MCCC Iwakuni Facebook Page.

YES/NO I give permission for my child to have access to the internet while at a CYP facility.

YES/NO I give permission for my child to view "PG" rated movies.

YES/NO I give permission for my child to view "PG-13" rated movies.

YES/NO I give permission for my child to play video games rated "T".

Sponsor's/Parent's Signature: _____

Date_____



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)
			CDC SAC Youth & Teen

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

	Asthma <i>Please indicate severity/triggers:</i>
	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 <i>Please indicate type:</i>
	Diabetes
	(Infants Only) Prematurity, as defined as born before 36 weeks gestation
	Developmental Disability (mental retardation)
	Developmental Delay <i>Please check all that apply:</i> <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 (<i>OCD</i>)
	Other mental health condition (<i>such as paranoia or schizophrenia</i>)
	Hard of hearing or deaf
	Blind
	(<i>For toddlers, preschoolers and school-aged children</i>) Unable to walk, including children using a wheelchair
	Suffered several physical trauma (<i>due to incidents such as, but not limited to, automobile accident, a severe fall, physical abuse</i>)
	Suffered severe emotional trauma (<i>due to incidents such as, but not limited to, any type of abuse, death of a parent or sibling</i>)
	Digestive Disorder <i>Specify:</i>
	Respiratory Disorder <i>Specify:</i>
	Chronic Heart Condition
	Disorder of the spine or skeletal system (<i>such as scoliosis</i>)
	Missing limb
	Other special needs or medical conditions not listed. <i>Specify:</i>
	Routine Medications <i>Specify:</i>
	Required special care or services <i>Specify:</i>
	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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CHILDREN, YOUTH & TEEN PROGRAMS TOUCH POLICY

This policy is applicable to all persons who work with Children, Youth & Teen Programs. This 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.

Examples of appropriate touch include:

- Hugs and holding hands are expressions of affection to build self-esteem or when the child needs to be comforted
- Reassuring touch on the shoulder to show approval or provide support
- Backrubs to relax a tense child
- Assistance in toileting for children when needed

Examples of inappropriate touch include:

- Coercion (physical, emotion or other forms of exploitation of a child’s lack of knowledge)
- Disregard for the safety and the well-being of the child
- Failure to respect the child’s right to personal privacy and space or to refuse touch from an adult
- Violate cultural taboo against sexual contact between adults and children
- Satisfaction of adult needs at the expense of the child
- Attempts to change child behavior with physical force
- Forced goodbye kisses
- Corporal punishment
- Sexual exploitation
- Prolonged tickling

It is the responsibility of all Children, Youth & Teen Programs staff to:

- Monitor CYTP activities for compliance with the Touch Policy
- Ensure that the CYTP Touch Policy is discussed during the orientation phase for all new staff members/registered volunteers and those new staff members/volunteers sign a statement of understanding
- Take immediate disciplinary action for infractions of the Touch Policy
- Ensure parents are aware of the policy and have signed the statement of understanding indicating that they have read and understand the CYTP Touch Policy and the consequences of failure to comply
- Report to the supervisor any instances of inappropriate touch of which they are aware

I hereby acknowledge that I have read and understand the Children, Youth & Teen Programs Touch Policy in its entirety.

Sponsor’s/Parent’s Signature: _____

Date_____



CHILDREN, YOUTH & TEEN PROGRAMS INTERNET AND VIDEO GAME USAGE CONSENT

Children, Youth and Teen Programs (CYTP) 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.

Please initial beside each statement.

- _____ 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 one (1) hour, 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 CYTP 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 Check
YES or No*

- YES/NO I give permission for my child to have access to the internet while at a CYTP 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 CYTP facility.
- YES/NO I give permission for my child to play X-Box 360/PlayStation/Wii games at a CYTP 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.

I have read and understand the terms and conditions for internet and video game usage at all CYTP facilities.

Sponsor's/Parent's Signature: _____

Date _____