

MARINE & FAMILY PROGRAMS
MCCS IWAKUNI, JAPAN



PARENTS' NIGHT OUT REGISTRATION PACKET

Child & Youth Programs is hosting Parents' Night Out events throughout the year. To apply for any date of this event, the following packet must be completed and submitted along with any other requested materials.

The Child Development Center and School Age Care center, will be open for childcare from 5:30-10 PM. The cost is \$36/child. This is for children ages 6 weeks to 12 years old. Children will get to enjoy fun activities while the parents get a night out. Dinner will be provided. Registration will be open at the CDC and SAC front desk. This event is available to all base personnel.

You must complete all required documents, pay in person, and bring immunization records to finalize registration.

The required documents for registration are listed below:

1. [USMC Child & Youth Programs Registration Form](#) (NAVMC1750/5)
2. Statement of Special Needs, Medical or Developmental Conditions
3. Immunization Record (*Most Current - Must be submitted to the CDC in person*)
4. IAT (if applicable)
5. Short Term Childcare Support Statement of Understanding

Please submit your completed packet to the Child Development Center at Bldg. 635 (across from Sakura Theater) or email at OMBIwakuni.SAC@usmc-mccs.org.

Please contact the Child Development Center at 253-7353 or School Age Care at 253-4769 if you have further questions!

FOR CHILD & YOUTH EMPLOYEE

Date Package Received: _____

Child/Youth Name: _____

Date of Special Event: _____

CYP Facility:

- ☐ CDC - Infant (6 weeks - 12 months)
- ☐ CDC - Pre-Toddler (12-24 months)
- ☐ CDC - Toddler (24-36 months)
- ☐ CDC - Preschool (Ages 3-5)
- ☐ School Age Care - Ages 6- 12



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 (/AT) 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 (Select One)
			<input type="checkbox"/> CDC <input type="checkbox"/> SAC <input type="checkbox"/> Youth & Teen

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

	Asthma <i>Please indicate severity/triggers: _____</i>
	Apnea
	Autism (<i>to include POD-nonspecific, Asperger's Syndrome, or any Pervasive Developmental Disorder</i>)
	Allergies (<i>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"</i>)
	Any chromosomal disorder (<i>such as Down Syndrome, Velo-Cardio Facial Syndrome, X-chromosome disorders or a mutation of any chromosome</i>)
	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) <i>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.</i>
	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
	<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 Specify: _____
	Respiratory Disorder Specify: _____
	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. 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: _____



CHILD & YOUTH PROGRAMS
Statement of Understanding — Short Term Care

As a short term user 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.

Please initial beside each statement.

- _____ I understand that this short term childcare registration packet is a one-time use application and will expire at the end of the special event.
- _____ Full operations of the Child Development Center (CDC) occur from 0700-1700. (Discuss modified hours if applicable)
- _____ I understand the pickup time for this specific event. The provost marshal office (PMO) will be contacted if children are left at the center 30 minutes after the scheduled pickup time of the event.
- _____ I understand that a fee may be assessed if my child is left in care longer than the designated time.
- _____ I understand I must have written authorization on file in order to have my child released to anyone else other than myself or spouse.
- _____ 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 I must label all items such as bottles, jar food, bags, etc.
- _____ Personal items are not to be brought to the center. The center will not be held responsible for lost, stolen or damaged items.
- _____ Children should come to the center in comfortable clothing ready to crawl, play, work with art materials and explore. Closed toed shoes are required (No Crocs, Flip Flops or Sandals). Although children wear smocks or paint shirts, clothes can still get dirty. Soiled clothing will be placed in a bag and sent home at the end of the day, the center will not wash soiled clothing. It is highly encouraged that you label your child's belongings.
- _____ Children still in diapers should arrive at the center with clean disposable diapers; we do not allow the use of cloth diapers. Parents are responsible for supplying any diapering materials; diapers, wipes or ointments. Parents are required to bring in labeled, extra clothes.
- _____ **PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT:** I hereby appoint the Child & Youth Program to act as my agent in obtaining medical treatment required for my child(ren) in the event of an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify the parent/guardian prior to any such action or expense. Furthermore, I hereby authorize the Medical Department of the Navy to treat the child, employing such as is deemed medically or surgically advisable.

_____ 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. **

_____ If your child shows any signs or symptoms of illness that requires exclusion from the program, you will be notified to pick up your child within 1 hour. Refer to the appendix in the Parent Handbook and Criteria for Exclusion Guide for signs and symptoms.

_____ USDA approved meals are provided at no cost for children who eat table food. All meals must be consumed on sight. Breakfast is served 0800-0830, Lunch at 1100-1130, as well as PM snacks. Food will not be served beyond meal time.

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

_____ We believe that developmentally appropriate guidance demonstrates respect for children. The center staff uses positive methods to help children behave constructively. If the safety and well-being of your child, other children or staff is at risk, you may be called to pick up your child within 1 hour and a parent conference may be requested.

_____ Computer equipment used is subject to monitoring at all times

Please check (X)
YES or 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.)

☐ ☐

I give permission for my child to play computer games while at a CYP facility.

☐ ☐

I give permission for my child to play X-Box 360/PlayStation/Wii games at a CYP facility.

☐ ☐

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: _____
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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.d.defense.gov/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? ☐ Yes ☐ 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:

☐ Full Day☐ Part Day☐ Hourly☐ Family Child Care☐ School Age Care (BF/AF)☐ School Age Care (BF)☐ School Age Care (AF)☐ Summer Camp☐ Youth and Teen Program☐ Other:

22. Child 2 First and Last Name:

Nick Name:

Gender:

Birthdate:

School Grade (K-12 or N/A):

Program Enrollment:

☐ Full Day☐ Part Day☐ Hourly☐ Family Child Care☐ School Age Care (BF/AF)☐ School Age Care (BF)☐ School Age Care (AF)☐ Summer Camp☐ Youth and Teen Program☐ Other:

23. Child 3 First and Last Name:

Nick Name:

Gender:

Birthdate:

School Grade (K-12 or N/A):

Program Enrollment:

☐ Full Day☐ Part Day☐ Hourly☐ Family Child Care☐ School Age Care (BF/AF)☐ School Age Care (BF)☐ School Age Care (AF)☐ Summer Camp☐ Youth and Teen Program☐ 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. ☐ Yes ☐ NoI give my permission for child to use supervised computers and internet. ☐ Yes ☐ NoI approve my child/youth to attend field trips. ☐ Yes ☐ NoI am aware of the DoD Priority Supplanting Policy ☐ Yes ☐ NoI have received a copy or was given the website on where to get a "Parent Handbook". ☐ Yes ☐ 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: