MCAS IWAKUNI

Date:_____

CHILD & YOUTH PROGRAMS
SPECIAL EVENT CHILDCARE

Child Name	CYP Facility
	☐ Child Development Center (CDC) ☐ School Age Care (SAC)
Date of Birth	
Special Event Name and Date	

The following documentation is including in the registration package and must be included for your request to be processed:

- ☐ Registration Form (NAVMC 1750/5 (6-22))
- ☐ Statement of Special Needs, Medical or Developmental Conditions
- ☐ Influenza Vaccine (aka Flu Vaccine)
- ☐ Up-to-date immunization record (CDC only)
- ☐ Statement of Understanding Special Events

USMC CHILD AND YOUTH PROGRAMS REGISTRATION FORM

OMB No. 0712-0006

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://dpcld.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. 0712-0006, 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.

Controlled by: USMC
CUI Category: PRVCY
LDC: DL ONLY
POC: MFPrivacy@usmc.mil

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:	
Sex:		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:	
Sex:		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:	
Sex:		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 ◯ No	I give my permission for child to use supervised computers and internet.	◯ Yes ◯ No
I approve my child/youth to attend field trips.	◯ Yes ◯ No	I am aware of the DoD Priority Supplanting Policy	◯ Yes ◯ No
I 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:

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Child Name	Date of Birth	Sponsor Name	Program	Expected PCS Date
			CDC SAC	

CHILD and YOUTH PROGRAM

Statement of Special Needs, Medical or Developmental Conditions: CDC & SAC

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 date 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 requirements of the Rehabilitation Act of 1973 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 Accommodation Collaboration Team 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.

Please mark if your child has any of the following and fill-in details regarding marked boxes:

☐No special needs or diagnosed conditions
☐Allergy to the following: _____
Life-threatening allergy that requires the use of an Epi-pen: Yes ☐ No ☐
☐Asthma
Triggers:_____
How often is albuterol/emergency inhaler required:
Daily ☐ Weekly ☐ Monthly ☐ Other_____
☐Chronic heart condition
☐Diabetes
☐Seizure disorder
Type: _____
Last known seizure: _____
Current seizure medication use: Yes ☐ No ☐
☐Attention Deficit Disorder: ☐ **with** or ☐ **without** Hyperactivity (**Select One**)
☐Autism spectrum disorder

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Child Name	Date of Birth	Sponsor Name	Program	Expected PCS Date
			CDC SAC	

☐Behavior disorder
☐Developmental Delay: Communication/speech delay ☐ Emotional delay ☐
Cognitive delay ☐ Motor/physical skill delay ☐
☐Other mental health condition such as obsessive-compulsive disorder, paranoia, schizophrenia, etc.
Please specify: _____
☐Deaf or hearing deficit
☐Blind
☐Other special need(s) or medical condition(s) not listed that may require accommodations:
_____
☐Routine medications taken in last 6 months:_____
☐Requires rescue medication (i.e Albuterol/EpiPen) while participating in CDC/SAC? (If yes, Medication Authorization must be completed) Please list medication below:
_____
☐Food intolerances? (If yes, Nutritional Plan must be completed) Please list intolerances below:
_____
☐Currently enrolled in the Exceptional Family Member Program

I have disclosed, to the best of my ability, any special needs, medical or developmental conditions my child may have.

Sponsor or Parent Signature: _____

Date: _____

MCAS IWAKUNI

CHILD and YOUTH PROGRAMS

Statement of Understanding: Special Events

Child's Name	Date of Birth	Program
		☐ CDC ☐ SAC

As a parent of a child utilizing 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 childcare services.

Please initial beside each statement.

GENERAL GUIDELINES:

_____ I understand this short term childcare registration packet is a one-time use application and will expire 30 days from the conclusion of the special event's specified date.

_____ 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 a fee may be assessed if my child is left in care longer than the designated time.

_____ I understand I must have written authorization to have my child released to anyone else other than myself or spouse.

_____ I understand that I must label all items such as bottles, baby food, extra clothing, diapers packages, wipe packages, etc.

_____ I understand MCCS is not responsible for any items lost or stolen.

_____ I understand that my child may soil their clothing due to play. We recommend comfortable clothing that allows children to play, crawl, explore and create in

HEALTH, WELLNESS & BEHAVIOR:

_____ PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT: I hereby appoint the Child & Youth Programs to act as my agent in obtaining medical treatment required for my child in the event of an emergency situation where the child's condition represents a serious or imminent threat to their 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 Naval Family Branch Clinic Iwakuni to treat my child, employing such as is deemed medically or surgically advisable.

_____ I understand that Child and Youth facility will not accept children that are sick. This means that my child is well enough to participate comfortably in daily activities and does not have a fever. I understand I will be notified by CYP staff if my child develops any of the following: fever of 100.4 degrees Fahrenheit or greater, loose stools, vomiting, copious amounts of eye drainage, or any evidence of a contagious illness. I will have one hour to pick up my child before my emergency contact is notified for pick up.

_____ I understand the policy of CYP is to put infants to sleep on their backs until the child is one year of age to reduce the risk of Sudden Infant Death Syndrome. This is a requirement set forth in accordance with MCO 1710.30 and guidance published by the American Academy of Pediatrics.

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

_____ I understand if my child received three inappropriate behavior reports in one day, I will be called and will be required to take my child home within one hour of the notification.

ELECTRONICS (SAC only):

_____ I understand 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 users will be limited to 30 minutes, unless no one else is waiting.

_____ 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 any attempted access to restricted material will warrant immediate pick up by parent/guardian. Prior to the child returning to any CYP facility, a parent and site supervisor conference shall be held.

_____ I understand computer equipment used is subject to monitoring at all times.

Please select YES or No (SAC only)

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 play computer games while at a CYP facility.

YES NO I give permission for my child to play X-Box 360/PlayStation/Wii games at a CYP facility.

*Please note: Children only have access to games rated E.

Sponsor/Parent Signature: _____ Date_____

MCAS IWAKUNI

TIPS FOR USING A CYP FACILITY

CHILD DEVELOPMENT CENTER

Regular Hours of Operation
Monday-Friday 0600-1800
Closed weekends and federal holidays

Phone Number
253-7353 or 253-7350

Items to Bring

Infants

- Diapers (at least 8)
- Wipes
- Pacifier (if desired)
- Extra set of clothes
- 4-5 pre-made, plastic bottles labeled with name and date

1-3 years-old

- Diapers
- Wipes
- Blanket
- Extra set of clothes
- Toothbrush
- Closed toe shoes

3-5 years-old

- Blanket
- Extra set of clothes
- Toothbrush
- Diapers and wipes (if needed)
- Closed toe shoes

SCHOOL AGE CARE CENTER

Regular Hours of Operation
Monday-Friday 0600-1800
Closed weekends and federal holidays

Phone Number
253-4769 or 253-3115

Information
Kindergarten to age 12
Closed toe shoes required