



CHILD and YOUTH PROGRAMS YOUTH and TEEN REGISTRATION PACKET

The Youth and Teen Program is an affiliate of the Boys and Girls Club of America and offers activities from the Boys and Girls Club of America. This program provides a positive, supportive environment that enhances social, emotional and developmental learning. There is no registration fee associated with this program. In order to attend the Youth or Teen Center, the following must be completed on an annual basis:

1. **Registration form** including contact information, signature and date on the bottom
2. **Statement of Special Needs, Medical or Developmental Conditions**
 - a. If your child has any needs, a members of the Child and Youth Programs team may request more information or additional medical paperwork
3. **Influenza** or “flu shot” record
4. **Parent and Youth orientation**, which may be completed at the same time the packet is completed

The **Youth Center** is available for youth, ages 10 thru 13, and allows increased independence and growth for the middle school aged child. The **Teen Center** is a unique space for teens, ages 13 thru 18, to enjoy an inclusive place to socialize, engage in diverse activities and express themselves. Each center offers online gaming and arcade-style games, field trips, board games, homework space, arts and crafts, recreational activities such pool and ping-pong, and a music center with many available instruments. Program assistants develop lesson plans that emphasize leadership and service, health and wellness, arts, sports and recreation, and good character and citizenship. Each center is open weekday afternoons, daily during the summer and when students are off school. The centers offer snacks and drinks and a place to spend time with their peers.

Please submit the completed packet to the Youth Center, located in Iwakuni Middle School room 310 ; the Teen Center at Crossroads Bldg. 410, 1F; or via email at OMBIwakuni.YouthandTeenCenter@usmcmccs.org For questions please stop by or contact the Youth Center at 253-6099 or the Teen Center at 253-5368.

**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 (AF)	<input type="radio"/> Summer Camp	<input type="radio"/> Youth and Teen Program	<input type="radio"/> School Age Care (BF/AF)
			<input type="radio"/> Other:	<input type="radio"/> School Age Care (BF)
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 (AF)	<input type="radio"/> Summer Camp	<input type="radio"/> Youth and Teen Program	<input type="radio"/> School Age Care (BF/AF)
			<input type="radio"/> Other:	<input type="radio"/> School Age Care (BF)
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 (AF)	<input type="radio"/> Summer Camp	<input type="radio"/> Youth and Teen Program	<input type="radio"/> School Age Care (BF/AF)
			<input type="radio"/> Other:	<input type="radio"/> School Age Care (BF)
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.		<input type="radio"/> Yes <input type="radio"/> No	I give my permission for child to use supervised computers and internet.	
I approve my child/youth to attend field trips.		<input type="radio"/> Yes <input type="radio"/> No	I am aware of the DoD Priority Supplanting Policy	
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:	



<u>Youth/Teen Name</u>	<u>Date of Birth</u>	<u>Sponsor Name</u>	<u>Program</u>	<u>Expected PCS Date</u>
			Youth Teen	

CHILD and YOUTH PROGRAM

Statement of Special Needs, Medical or Developmental Conditions: Youth and Teen Centers

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
Type: _____
How often require albuterol/emergency inhaler:
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
- Autism spectrum disorder

