

Child & Youth Services Registration Checklist

The following information is required to complete the registration process for CYS programs:

- ❑ Household and/or work email address.
- ❑ **Minimum of Two** emergency designees – with contact information (address, phone) for each.
- ❑ Copy of child's official Immunization Records.
- ❑ Quarters/local residence address **AND** mailing address (if different).
- ❑ Current Health Assessment (attached) for each child. If this is not available, parents will have **30 days** from the date of registration to turn the completed Health Assessment into Central Registration.
- ❑ Social Security Numbers – for all family members (sponsor, spouse, children).
- ❑ Information on child/children's special needs (i.e. medications, EFMP, allergies, illnesses).
- ❑ Ethnicity – optional. This information is used to receive additional funding for programs (i.e. Boys & Girls Clubs of America, CFC...) and annual reports.
- ❑ School grade & school year for all children.
- ❑ Active duty parents, who are single, or dual military (and any single/dual deployable civilians) must submit a completed Family Care Plan within 30 days from the date of registration with Central Registration.
- ❑ Completed Total Family Income Form (attached) and copies of LES and pay statements (to verify income).
- ❑ Registration fee: \$15.00 one child; \$30.00 two children; \$35.00 maximum fee per family. Registration is good for one year. Cash or checks accepted.
(If the registration year from previous installation is still valid, bring a copy of the registration payment receipt or other validation of enrollment dates from your previous CYS program)

NOTE: Families coming from a previous Army installation using the CYMS automation program may be able to have their child's files electronically transferred. Be sure to ask about this service.

To schedule your registration appointment or if you have any questions, please contact Child & Youth Services @ 485-7003.

Child & Youth Services Registration Form

(USAREUR Reg 608-10)

Sponsor: (Last name) _____ (First) _____ SSN: _____

Child: (Last name) _____ (First) _____

Data Required by the Privacy Act of 1974

Authority: Title 10, United States Code, section 3012.

Principal purpose (s): To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.

Routine uses: Information is provided to the attending physician when it is necessary for a child to be taken to medical facility by someone other than the parent. Information on immunizations and medical problems will be used for program-admission-screening procedures. Family income data will be used to determine USDA food program qualification and rate structures.

Disclosure: Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.

Declaration of Nondiscrimination

Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or gender, within the limits of AR 215-1 and AR 608-10. CYS programs participating in the USDA food program will offer meals without physical segregation of or discrimination against any child regardless of ability.

Parent/Guardian Consent

I _____ (parent/guardian) of _____ give consent for an authorized CYS representative to take my child for care, medical or dental, in an emergency situation when 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 me before such action. I will pay any expenses incurred. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.

Parent/Guardian Permission

I give my permission for my child to use the computers, network and internet at the CYS programs in a responsible manner. My child will agree to follow the posted rules put forth by the local CYS program and will be held responsible for any violation of these rules. As a responsible adult, I agree to convey good standards for Internet use to my child.

*For a complete copy of your center's user agreement and a briefing on our on-line safeguards, contact your local Child & Youth Services Computer Lab staff. Yes No

Information

I received the CYS Fee Policy. Yes No

I received the CYS Parent Handbook. Yes No

I received the USAREUR Child Supervision Policy. Yes No

Sole and Dual Military Family Care Plan

I understand that as prescribed by AR 600-20 and AR 608-10, I am required to maintain an accurate Family Care Plan which will remain in the CYS Central Enrollment Registry. I am also aware that the DA Form 5305-R Family Care Plan must be completed within 30 days of enrollment or service may be denied. I understand that I will provide updated information annually or more frequently if necessary to update information.

Sponsor/Parent Signature _____ Date _____

Name of Commander _____ Phone _____

I have reviewed the attached household and family information file. To the best of my knowledge, the information on this form and contained therein is accurate and complete.

Date

Signature of Parent/Guardian

SPECIAL NEEDS/CHILD PLACEMENT QUESTIONNAIRE

Appendix A

Welcome to USAREUR Child/Youth Services programs! If your child should have a special need, prior knowledge will allow us to make appropriate adjustments to our program and provide training to the staff before your child's first day.

Child's Name: _____

Date of Birth: _____

Center Preference: _____

Today's Date: _____

Does your child have any of the following conditions?

	YES	NO		YES	NO
Developmental delays, explain:			Asthma/Respiratory Problems		
Visual Problems/Blindness (Do not check this box if your child only wears glasses)			Speech/Language Delays		
Hearing Problems (Check this box if your child has had tubes placed) Explain:			Allergic Reactions Explain:		
Physical Disability. Explain:			Behavioral/Conduct Concerns		
Sickle Cell Disease (Do not check this box if your child has Sickle Cell Trait)			Heart Problems (Do not mark this box if your child has a functional or innocent heart murmur)		
Kidney Problems. Explain:			Diabetes		
Epilepsy/Seizures			Attention Deficit/Hyperactivity (ADHD/ADD)		
Autism/PDD			Other (s) Please specify:		

Is your child taking medication for his/her condition, if yes please specify:

Is your child receiving any services from EDIS (formally EFMD) Early Intervention, CAPS or Pediatric Behavioral Medicine? __ Yes __ No If yes, which school or agency:

Is your child enrolled in a DODDS Developmental Preschool or have an IEP or IFSP? __ Yes __ No. If yes please explain:

Is your child enrolled in an Exceptional Family Member Program? (EFMP) __ Yes __ No. If yes please Explain:

Is your child on an IEP or IFSP? If yes, please share information:

SIGNATURE OF PARENT/SPONSOR/GUARDIAN

HOME PHONE/DUTY PHONE

PRINT NAME (state rank if applicable)

For PRIVACY ACT STATEMENT see DA Form 4719-R, July 1989

(OFFICE USE ONLY)

Date received: _____

History of Special Need/Medical Condition :(telephone contact/indicate date and time)

RECOMMENDATION: A. Admit – No Significant Modifications Needed B. Admit w/Care Plan _____ and Training C. Hold and Schedule SNRT for _____ Date _____

CONCUR: SIGNATURE & DATE

CYS NURSE/CHN YES NO _____

SPECIAL NEEDS DIRECTOR YES NO _____

CYS CHIEF YES NO _____

Copy to program: _____ Copy to SPS: _____