NAVY CYP
Child and Youth Programs

Navy Child and Youth Programs Registration Form

Start Date (MM/DD/YYYY): Requiring Directive OPNAVINST 1700.9

Child's Name (Last, First, Middle):	Sex:	Birthdate (MM/DD/YYYY):	Age:
Name of Child's School (if applicable):		Child's School Grade Level (if applicable):	

Registering for: ☐ CDC ☐ SAC ☐ CDH ☐ YP ☐ 24/7 Center ☐ YSF

Type of Care: ☐ Full-Time ☐ Part-Time ☐ Part-Day Enrichment ☐ Before School ☐ After School ☐ Before & After Hourly Care ☐ Hourly Care ☐ School Camp

Sponsor's Name (Last, First, Middle):	Rank/Rate:	Branch:	Status: ☐ ACT ☐ CIV ☐ RET ☐ CYP ☐ CRT ☐ RES ☐ COM CIV

Home Address (include City and Zip Code): ☐ Lives on base ☐ Lives off base

Home Phone (include area code):	Cell Phone (include area code):	Email Address:
Duty Station/Place of Employment (include address, city, and zip code):	Work Phone:	PCS Date (if known) (MM/DD/YYYY):

Family Type: ☐ Single Parent ☐ Dual Military ☐ FT Working Spouse/Partner ☐ PT Working Spouse/Partner ☐ Student Spouse/Partner ☐ Unemployed Spouse/Partner

If Spouse/Partner is Military: Branch: Rank/Rate:

Spouse's/Partner's Name (Last, First, Middle):	Spouse's/Partner's Place of Employment or School:
Spouse's/Partner's Work Phone:	Spouse's/Partner's Cell Phone:	Spouse's/Partner's Email Address:

Child has sibling(s) enrolled in another Child and Youth Program: ☐ Yes ☐ No (If yes, list child(ren)'s name and program)

Emergency Notification Contacts (may also pick up the child in non-emergency situations)

(At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible)

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

Non-Emergency Authorized Release/Pick-Up Contacts (will not be contacted for emergencies)

(Authorized to pick up the child in non-emergency situations; provide as many phone numbers as possible)

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone

Consent for Ambulance for Emergency Care

I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, _____, in the case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to such action. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

Name of Child's Medical Insurance Company	Policy/Group Number (not needed for Active Duty)
Name of Policy Holder	Name of Child's Physician

Sponsor's Consent for Ambulance for Emergency Care SIGN HERE	Date
Sponsor's Signature and Date *(Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)* SIGN HERE	Date
CYP Representative's Signature and Date *(Signature indicates the CYP Representative has reviewed the registration form and verified the family's eligibility and priority type)* SIGN HERE	Date

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989;" Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."
PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations, and record known allergies and special instructions.
ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

NAVY CYP
Child and Youth Programs

Navy Child and Youth Programs Registration Form

Instructions for Completing the Navy Child and Youth Programs Registration Form

1. A separate Registration Form shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. For the "Registering for" block, check the program(s) for which you are registering (CDC – Child Development Center, SAC – School Age Care, CDH – Child Development Home, YP – Youth Programs, YSF – Youth Sports and Fitness, 24/7 Center)
4. For the "Status" block, check any category that applies to the status of sponsoring parent and/or military spouse, if applicable (Key: ACT – Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian, CYP – CYP Employee).
5. Medical insurance policy numbers are not required for parents who are active duty.
6. After completing the form, sign and date all required signature blocks. This is verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.
7. If information becomes outdated during the year (before the next year's annual registration), the parent may cross out the incorrect or outdated information and write in ink the new updated information. Initial and date any updated information on the form.
8. Annually, a new form shall be completed, signed, and dated.
9. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature boxes as witness to the parent's signature and date.

NAVY CHILD AND YOUTH PROGRAM
HEALTH INFORMATION FORM 1700/52

Child's Name (Last, First, Middle):
Sponsor's Name (Last, First, Middle):

PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS

(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)

1. Is there any information we need to know to support your child's medical needs? ☐ Yes ☐ No
If "Yes," please briefly describe.

2. Does your child have any allergies or allergic reactions? ☐ Yes ☐ No
If "Yes," please list the allergen(s) and corresponding reactions.

3. Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)? ☐ Yes ☐ No
If "Yes," please describe:

PART B: IDENTIFICATION OF MEDICATION NEEDS

4. Does your child require emergency response medication? ☐ Yes ☐ No
If "Yes," please describe your child's emergency response medication needs.

5. Will your child need to take medication for any ongoing medical conditions (non-emergency) while in care at the CYP? (does not include medication for temporary needs, such as antibiotics) ☐ Yes ☐ No

PART C: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

6. Does your child require any accommodations to participate in CYP (e.g., alternative communication, physical, sensory, or material adaptations)? ☐ Yes ☐ No
If yes, please describe.

NAVY CHILD AND YOUTH PROGRAM
HEALTH INFORMATION FORM 1700/52

PART D: EARLY INTERVENTION AND SPECIAL EDUCATION

7. Is your child receiving services through an Individualized Family Service Program (IFSP) or Individualized Education Program (IEP)?

☐ Yes ☐ No

PART E: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

8. Is your child enrolled in the EFMP? ☐ Yes ☐ No

I acknowledge that all the above information is true and accurate. I understand that if there are changes in my child's health or developmental needs that will require additional assistance in the CYP, I must notify the CYP. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge.)

CYP Professional's Signature and Date (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child.)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

Sponsor's Initials and Date:	*Sponsor's Initials and Date:*	*Sponsor's Initials and Date:*	*Sponsor's Initials and Date:*
_____	_____	_____	_____

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989;"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with information about your child's overall health and needs that may affect his/her care at the CYP.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

NAVY CHILD AND YOUTH PROGRAM
HEALTH INFORMATION FORM 1700/52

Additional Information

The Health Information Form – CNICCYP 1700/52 is used as a screening tool by the CYP to determine whether your child requires additional documentation and resources to support their participation in CYP. If you answer yes to any question(s) on this form, the CYP Director will contact you to obtain additional information to support your child. Depending on your child's needs, the CYP Director may also refer your child to the Inclusion Action Team (IAT). The Inclusion Action Team (IAT) is a team of professionals that collaborates to support the full inclusion of children with diagnosed or undiagnosed disabilities, differing abilities, or special needs. These experts in the fields of medicine, therapy, family services, special education, and general education help CYPs locate resources for families and identify reasonable accommodations that can be implemented to support a child's success in that CYP. If the CYP Director feels your child may benefit from a referral for IAT support, you are always consulted first and encouraged to participate in the discussion. You are the expert on your child, and as such, you are the most valuable member of the IAT.

Additional documentation required varies depending on each child's needs, but may include the following items:

Emergency Action Plan (EAP): The EAP tells CYP staff how to respond to your child or youth's needs in case of a medical emergency (e.g., a youth with a severe peanut allergy accidentally eats peanut butter). EAPs must be developed, completed and signed by their health care providers. EAPs may be provided by the child or youth's health care provider or the CYP can provide an EAP template for the health care provider to use.

Medication Administration Form: This form is required for all children who need administration of prescription medication at the CYP and must have the following signatures: (1) health care provider signature on written instructions, including the type of medication, dosage, frequency, and duration of the administration period (e.g., 3 weeks, 1 year, indefinite), and (2) parent signature, giving consent for authorized employees to administer medication while the child is at the CYP. If the form is for emergency response medication, an EAP is also required.

Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP): Children or youth who have received (or are receiving) early intervention or special education services from a school district will have an IEP and/or IFSP. Families are strongly encouraged, but not required, to provide a copy of the IEP or IFSP to the CYP, as this can help the program develop accommodations to meet the child or youth's needs.

Definitions:

Food Allergy: When a child has a food allergy, his/her body responds to food as if it were a threat. The body's immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. The only way to prevent a life-threatening reaction is strict **avoidance** of the allergen.

Food Intolerance: When a child has a food intolerance, it is a reaction of the digestive system and is not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerances likely do not have prescribed medications for their condition and do not need an EAP. Some common food intolerances are lactose and gluten.

NAVY CHILD AND YOUTH PROGRAM
PERMISSION STATEMENTS 1700/43

Requiring Directive OPNAVINST 1700.9E

Child's Name (Last, First, Middle):	Start Date (MM/DD/YYYY):
Sponsor's Name (Last, First, Middle):	

SPONSOR RELEASES, PERMISSIONS, AND ACKNOWLEDGEMENTS

Hold Harmless Release: I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner caused or contributed to by the United States, its officers, its agents, or its instrumentalities except in cases of gross negligence. **In order to participate in Navy CYP, the sponsor is required to sign the Hold Harmless Release.**

SIGN HERE *Sponsor's Signature/Date:* _____

Media Release: I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the CYP community without further permission from me—photographs, video, and audio recordings used in the CYP facility and media such as social media (e.g., Facebook, Twitter), military installation website, CNIC CYP website, Teaching Strategies Gold, etc. I have listed below any exceptions to this release (e.g., "Pictures of my child may be posted in the center, but may not be posted or published anywhere outside of the center." Or, "My child may have his/her picture taken, but I do not want him/her to be videotaped.").

Exceptions (list any exceptions to the media release; if none, enter "None"): _____

SIGN HERE *Permission Signature/Date:* _____

Denied *Permission Signature/Date:* _____

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for CYP Professionals to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc. If I choose topically applied products with which the CYP is not familiar, a Materials Safety Data Sheet will be required for each product.

SIGN HERE *Permission Signature/Date:* _____

Denied *Permission Signature/Date:* _____

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the CYP because they enhance my child's experience with the CYP. CDC and CDH field trips may include walking in the immediate CYP and CD home surroundings (infants may be transported in a buggy/stroller) or on the military installation. Some preschool trips may require bus or other vehicle transportation, either in a CYP vehicle or a chartered vehicle or bus. YP field trips may include transportation via a CYP-operated or chartered vehicle or bus to and from schools and field trip locations in the surrounding areas. The YP may also offer excursions within walking distance of the CYP facility and military installation.

INITIAL HERE *Initials/Date:* _____

Acknowledgement of Receipt of the Navy CYP Parent Handbook: I have received and understand the policies contained in the Navy CYP Parent Handbook.

INITIAL HERE *Initials/Date:* _____

Acknowledgement of Revocation or Invocation of Any of the Above Permissions or Releases: I understand that I may revoke or invoke any of the above permissions or releases in writing at any time. If I choose to revoke or invoke a permission or release, it is my responsibility to provide written notification to the CYP requesting the revocation or invocation. **If I choose to revoke the Hold Harmless Release, I understand my child will no longer be permitted to participate in Navy CYP.**

INITIAL HERE *Acknowledgement Signature/Date:* _____

AUTHORITY: P.L. 101-89, Sec, 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."
PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.
ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.
VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.

SELF-RELEASE FORM—CNICCYP 1700/54

OPNAVINST 1700.9 (series)

Self-release allows youth to sign themselves in and out of the Navy Child and Youth Programs (CYPs) consistent with the command's "self-care policy." Annually, parents/guardians of registered youth must provide CYP with written authorization of their eligible youth's self-release from care and/or recreational activity.

Authorization for Self-Release

My youth meets the command's self-care policy requirement and **has my permission** to sign in/out of the CYP. If my youth is not signed in to the program, I fully understand that the CYP staff will not be responsible for my youth's care.

Hold Harmless Release: I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner caused or contributed to by the United States, its officers, its agents, or its instrumentalities except in cases of gross negligence.

Name of Youth: _____

_____	_____	_____
Name of Parent/Guardian (Please Print)	**Signature of Parent/Guardian**	**Date**
_____	_____	
Name of CYP Representative (Please Print)	**Signature of CYP Representative**	**Date**

TEXT MESSAGING CONSENT FORM—CNICCYP 1700/58

OPNAVINST 1700.9 (series)

In an effort to provide families with up-to-date information, the Navy Child Youth Program (CYP) requests parents to authorize programs to send text messages to parents/guardians and/or youth. All text messages will originate from official Navy email servers or Government-owned cellphones. However, for families with children or youth enrolled in youth sports or Child Development Homes, Youth Sports Coaches and Child Development Home Providers may also contact parents and youth via personal cellphones. Standard messaging and data rates may apply. Text messages may include, but are not limited to the following: special event information, inclement weather updates, sports practice and game status changes, and other relevant CYP information. To minimize intrusion, messages will be sent primarily during typical business hours.

Authorization for Text Messaging

I grant permission for the CYP to send me, the parent/guardian, text messages at any time. Yes ☐ No ☐

Name of Parent/Guardian: _____

Cellphone Number: _____

Cellphone Provider: _____

I grant permission for the CYP to send my youth text messages at any time. Yes ☐ No ☐

Name of Youth: _____

Cellphone Number: _____

Cellphone Provider: _____

_____ _____

Signature of Parent/Guardian **Date**

INTERNET AND SCREEN-BASED MEDIA AGREEMENT FORM—CNICCYP 1700/55

OPNAVINST 1700.9 (series)

Internet and screen-based media devices (e.g., computer/laptop, smart phone, tablet) are widely used by youth for communication, networking, information retrieval, and general recreation. Navy Child and Youth Programs (CYPs) provide all registered youth with access to the Internet and state-of-the art, screen-based media devices at no additional cost. Inappropriate content is routinely blocked using access control software and content filters. However, due to the Internet's ever-changing technology, youths may inadvertently access inappropriate material. To reduce the risk of harm to your youth, CYP Professionals are required to monitor youth as they use Internet and screen-based media devices while at the CYP at all times. This includes Government-owned and all personal devices.

Youth who violate the *Internet and Screen-Based Media Agreement* below may lose their Internet access privileges. All incidents will be handled on a case-by-case basis and will be communicated with the parent/guardian prior to restoring privileges. Parents/guardians of registered youth must review and discuss the agreement requirements with their youth annually. Your signature below indicates agreement with these requirements.

_____ _____

Signature of Parent/Guardian **Date**

Internet and Screen-Based Media Agreement

I have discussed the *Internet and Screen-Based Media Agreement* with my youth and he/she agrees to the following:

- I will only give out personal information to people I know.
- I will only connect online with people I know.
- I will use appropriate language (verbal and virtual) when using the Internet and screen-based media devices.
- I will immediately report any cyber-bullying (whether directed at me or my friend) to a staff member or my parent.
- I will share CYP computers and mobile devices with others.
- I will only use/visit websites that are appropriate.
- I will protect myself from illegal activity, strangers, and online threats.
- I will follow all CYP rules for using the Internet and screen-based media devices.

Name of Youth (please print): _____

_____ _____

Signature of Parent/Guardian **Date**

NAVY CHILD AND YOUTH PROGRAM
YOUTH AND FAMILY PROFILE

The Navy Child and Youth Program (CYP) Youth and Family Profile is designed to help CYP Professionals get to know the children, and youth enrolled in our School Age Care programs. The information gathered will be used by CYP professionals to develop relationships and activities to better serve our customers.

Depending on the age of the child or youth, this document can be completed at home between the sponsor and the youth, at the CYP facility between the CYP professional and the youth, or solely by the youth. If needed, the document can be handwritten or word processed and emailed to the CYP Manager. Please complete the sections below as fully as possible.

PARENT/GUARDIAN INFORMATION			
NAME OF SPONSOR/PARENT:		DATE COMPLETED	
NAME OF SPOUSE (IF APPLICABLE)		PERSON COMPLETING FORM	

YOUTH INFORMATION – BASIC		
NAME (LAST, FIRST, MI):	NICKNAME:	AGE:
CHILD'S PRIMARY LANGUAGE:	OTHER LANGUAGES SPOKEN IN THE HOME:	
SCHOOL ATTENDING:		

FAMILY INFORMATION			
SIBLINGS	AGE	EXTENDED RELATIVES/OTHERS (living with the youth)	RELATIONSHIP

FAMILY INFORMATION – OPTIONAL FOR PARENTS TO COMPLETE
Please describe some of your favorite activities to do as a family, or special events your family celebrates.
Are there special things (e.g., family recipes, traditions, etc.), or any special skills or talents your family might want to contribute to the program?

NAVY CHILD AND YOUTH PROGRAM
YOUTH AND FAMILY PROFILE

FAMILY ENGAGEMENT OPPORTUNITIES

Child & Youth Programs strives to strengthen the practice of engagement through continuous program improvement. As a component of that philosophy, Navy CYP believes family relations are an essential component of quality child care, the CYP and the military community. Our programs promote engagement by inviting family members to share interests, talents, abilities, knowledge, and skills as inclined. There are a myriad of opportunities available for parent participation throughout the year from participating on the Parent Involvement Board (PIB) to assisting on field trips or during a CYP event.

Please check the activities that you might be interested in participating in. Or, add other skills and talents that you would like to contribute to our CYP program!

- ☐ PIB Chairperson
- ☐ Program PIB Representative
- ☐ Field Trip Volunteer
- ☐ Participating in Activities
- ☐ Attending a CYP sponsored parent education event
- ☐ Making educational materials
- ☐ Reading books to children
- ☐ Assisting with meal time and having conversations with the children
- ☐ Assisting with projects such as art projects or carpentry/building projects
- ☐ Creating bulletin board displays
- ☐ Facilitating or assisting with special activities like planting and maintaining a garden
- ☐ Volunteering as a Youth Sports and Fitness Coach

Other:

- ☐
- ☐

Parent Signature	Date

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT AND CONSENT LETTER FOR CHILD AND YOUTH BEHAVIORAL MILITARY AND FAMILY LIFE COUNSELING SERVICES

Dear Parents,

We take this opportunity to inform you of a valuable resource provided by the Department of Defense. Due to the unique challenges military members face and the impact they have on families, the Office of Military Community and Family Policy provides Child and Youth Behavioral Military Family Life Counselors (CYB-MFLCs). CYB-MFLCs have advanced degrees (masters or doctoral-level) in the mental health field and specialized training in child and youth development. They support the needs of children and families by partnering with parents, faculty, counselors, and staff to foster healthy growth and social skill development. CYB-MFLCS may work in collaboration with school or program professionals to coordinate care for your child.

CYB-MFLCs address challenging behaviors and support staff, families, programs, and systems to meet the needs of military children and youth by:

- Observing, participating, and engaging in classroom activities and school sponsored activities
- Developing strategies for supporting positive behavior, and stress and emotional management skills in the classrooms and at home
- Meeting one-on-one or in groups, to discuss topics important to school aged military children and youth
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups and presentations for parents to increase positive parenting techniques and strategies
- Linking families with community resources or military family programs
- Working with military children in settings such as field trips and other center, camp, or school sponsored activities

The wellbeing and safety of your child is our top priority. At no time will the CYB-MFLC meet individually with a child without being in line of sight of a teacher, staff, or a parent/guardian. CYB-MFLCs are mandated reporters and information provided to the CYB-MFLC will be kept confidential, except to meet legal obligations or to prevent harm to self or others. Legal obligations include requirements of law and DoD or military regulations. Harm to self or others includes suicidal thought or intent, a desire to harm oneself, domestic violence, child abuse or neglect, violence against any person, and any present or future illegal activity. The CYB-MFLC is obligated to follow school and military child and youth programs' regulations for reporting safety concerns including problematic sexual behaviors in children and youth.

CYB-MFLCs encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in their children's best interest. CYB-MFLCs are flexible and can schedule appointments, meetings, and activities after hours and on weekends, if needed, with advance notice. They are available to meet with individuals and families who have interest in seeking consultation about their child or family.

Thank you for allowing us to provide support services to your child/children.

Parental Acknowledgement of Understanding:

Parents, please read each of the 3 statements below carefully. After each statement, please select either YES **or** NO to demonstrate your understanding and decision to allow your child to participate in the MFLC service type.

1) I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a coordination of care for my child. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

☐ Yes ☐ No

Please note: For statements 2 and 3, When selecting YES, you agree to MFLC services for your child or selecting NO, you do not want MFLC services for your child at school. A yes/no response is required for both statements.

2) I authorize my child to participate in CYB-MFLC individual face-to-face non-medical counseling sessions. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

☐ Yes ☐ No

3) I understand the above CYB-MFLC program description and authorize my child to participate and be supported ***as a part of a formal group focused on different topic areas***. This authorization is valid for the duration of my child's enrollment and can be revoked at any time in writing.

☐ Yes ☐ No

Print Name of Child: _____

Print Name of Parent or Guardian: _____

Parent or Guardian Signature: _____

Date *(YYYYMMDD)*: _____

NAVY CYP
Child and Youth Programs

HOURLY PARENT FEE AGREEMENT

OPNAVINST 1700.9 (series)

COMPLETION INSTRUCTIONS

All Navy Child and Youth Programs (CYPs) must electronically fill in the child's name, sponsor's name, and signature dates for the sponsor and the CYP Professional prior to reviewing and signing. Government Common Access Card (CAC) electronic signatures or written signatures are accepted.

SECTION I – CHILD'S NAME

Child's Name		**Child's Name**	
Child's Name		**Child's Name**	

SECTION II – PARENT'S AGREEMENT

To use hourly care services in CYP, I understand and agree with the following requirements:

- I will pay the established hourly rate per hour per child (2 hour minimum) for hourly care provided at CDCs, 24/7 Centers, and SAC programs. I understand that rates are charged in 15-minute increments Hourly care with a Family Child Care Provider is a private pay agreement between the Provider and me and is not covered by this agreement.
- Hourly reservations may be made, cancelled, and paid for in advance through CYP Online Services.
- I will pay my fees in full daily using CYP Online Services. Payments for additional time may be made on-site at the program during pick-up.
- If my child needs to stay longer, I must contact the program for approval at least 30 minutes in advance of the beginning of my reservation time. If space is not available for the requested additional time, I must pick up my child at the original reservation end time.
- I will make a reservation for a specific amount of time with the understanding that there could be a reservation before and/or after my specified time.
- I will cancel my reservation 24 hours before the scheduled time if it is no longer needed. If the reservation is on a Monday, I may cancel when the program opens on Monday morning.
- I understand that I will lose my reservation if I arrive 30 minutes past the scheduled arrival time. If I do not call or arrive by that time, the reservation will be considered a no-show, and the space will be given to another child.
- I understand that I will be charged a 2-hour "no show" fee that must be paid prior to receiving future care.
- I am required to pick up my child prior to the posted facility closing time. If I do not, I will be charged the established late fee charge in addition to the hourly rate that will continue to be charged until my child is picked up.
- I understand I cannot exceed 12 hours of hourly care in any single day in the CDC or SAC programs.

SECTION III – PARENT & CYP CERTIFICATION

SPONSOR NAME (Print Name)			
SPONSOR SIGNATURE		DATE	
CYP PROFESSIONAL SIGNATURE		DATE	

YOUTH SPORTS AND FITNESS
SUPPLEMENTAL INFORMATION FORM—CNICCYP 1700/68

OPNAVINST 1700.9 (series)

Parent Information

Name (First, Last)		Phone Number		Email Address	

Youth Information

Name (First, Last)		Sport		Years of experience	

Sibling Information *(CYP will make an effort to align practice and game days for siblings.)*

Sibling Participation	Yes	No	Sibling Name(s) (First, Last)	
	☐	☐		

[redacted]

Preferred Practice Days (indicate available or not available) ***Does not guarantee scheduling***

Monday	Tuesday	Wednesday	Thursday	Friday
☐	☐	☐	☐	☐

PCS Date		Last Date Available	

Preferred Coach ***Does not guarantee placement***

Parent Volunteer Information ***Discounts may be available to families with parent volunteers***

Interested in volunteering as a (check all that apply):			For the following sport: (Check all that apply)			For the following ages (check all that apply):		
	Coach	☐		Baseball/Softball	☐		3-5	☐
				Basketball	☐		6-12	☐
				Cheerleading	☐		13-18	☐
				Flag Football	☐			
				Soccer	☐			
				Other:				
	Assistant Coach	☐		Baseball/Softball	☐		3-5	☐
				Basketball	☐		6-12	☐
				Cheerleading	☐		13-18	☐
				Flag Football	☐			
				Soccer	☐			
				Other:				
	Official	☐		Baseball/Softball	☐		3-5	☐
				Basketball	☐		6-12	☐
				Cheerleading	☐		13-18	☐
				Flag Football	☐			
				Soccer	☐			
				Other:				

Volunteer Shirt Size *(Specify typical adult top size)*	XS ☐	S ☐	M ☐	L ☐	XL ☐

OPNAVINST 1700.9 (series)

Instructions for Completing the Supplemental Youth Sports and Fitness Information Form (for sports leagues)

This is a supplemental form to be completed by parents whose youth are participating in seasonal sports leagues. This form precludes the need for families to fill out an additional *Registration Form—CNICCYP 1700/04* for each sport signup. This form should be used in conjunction with the youth's *Registration Form* currently on file. It is a fillable form that can be completed online.

1. A separate *YSF Supplemental Information Form* must be completed for each youth who is being registered for a sport. The YSF program will use the youth's registration form for additional information as needed.
2. The parent must complete all the applicable information about the family and/or youth.
3. Enter the names of other siblings and if the sibling(s) is participating on the team in addition to youth being registered. If a sibling is playing another sport at the same time, indicate that as well. CYP will try to match siblings to practices on the same day(s).
4. The parent must choose the youth's uniform size, preferred practice days, and preferred coach (if any). There is no guarantee of preferred coach placement.
5. **PCS date:** If you know your PCS date, enter that date and the last date your youth will be available for the team.
6. **Parent volunteers:** Check what type of volunteer you would like to be and the type(s) of sport for which you want to volunteer. Choose all sports that apply. Also choose the age group(s) of the sports team that you prefer. Choose all age groups that apply.
7. **Parent volunteer shirt size:** Choose shirt size needed.