

# Marine Corps Air Station Yuma Child and Youth Programs

## **REGISTRATION PACKET**

Welcome to Child and Youth Programs (CYP). We are pleased you have chosen to enroll your child(ren) in one of our high-quality programs and welcome your family to ours! Life in the military creates some unique challenges but here at CYP, a large population of the staff that are military connected and understands the support required for family resiliency. CYP is committed to promoting optimal child development and family well-being through access to quality childcare. We look forward to having your child in our program and working together in sharing your child's growth and development.

### **CHILD AND YOUTH PROGRAMS OVERVIEW:**

**The Child Development Center (CDC)** offers "full day" childcare for children 6 weeks old to 5 years old (not eligible for kindergarten). The center is accredited through the National Association for the Education of Young Children (NAEYC). Early Learning Matters (ELM) curriculum is implemented in the classroom. Hours of operation are 0600-1800 (subject to change).

**The Youth Center (YC)** offers before and after school care for children enrolled in kindergarten, 5 years up to 12 years of age. The YC is affiliated with the Boys and Girls Club of America (BGCA) and follows their curriculum. During school breaks "camps" are offered; Spring, Summer, Fall and Winter. Hours of operation are 0600-1800 (subject to change).

**Family Child Care** may be available and offers a home environment provided by a military connected spouse for children of all ages. Active-duty spouses interested in certifying their home, to provide childcare should contact the Family Care Program Manager. These providers are background checked, certified, and monitored through CYP. Enrollment services for this childcare space is managed through the Resource and Referral office. Hours of operation vary by home.

**CLOSURES:** All programs are closed for federal holidays. Other closures may occur depending on variable factors by Marine Corps Community Services and/or Marine Corps Air Station Command.

When searching for care, please visit [www.militarychildcare.com](http://www.militarychildcare.com). This website is applicable for all programs. Per the Secretary of Defense, a priority system has been established. Any child identified other than a 1A-B priority, as labeled in the MCC.com system, may be supplanted by another child with a 1A-B priority. A "Supplant Letter" with a 45days notice is issued to the family whose child will be removed from childcare to make pace for the child that has a higher priority. The child supplanted will be the last child enrolled in the program. Upon enrollment, patrons are required verification of priority, and this will be verified annually.

### Items needed for enrollment:

- Completed Registration Packet (Encl)
  - *per NAVMC 1750/5- Local Emergency Contacts must be provided, to include address.*
- CYP Health Assessment Form (Encl)
- Child Immunizations Records, to include proof of Flu Vaccination
- Proof of Dependency (DEERS/BIR)
- Parents pay information: Leave & Earning Statement/Paystub
- Attend a Parent Orientation

For more information, please contact CYP Resource and Referral at (928) 269-3251 or (928) 269-3234

Marine Corps Air Station Yuma  
Child and Youth Programs

**CUI (when filled in)**

**APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES**

*(Read Instructions on back before completing form.)*

OMB No. 0704-0515  
OMB approval expires  
20261031

The public reporting burden for this collection of information is estimated to average 5 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 other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9E series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-144, Child and Youth Programs.

**PRINCIPAL PURPOSE(S):** To collect total family income to determine child care fees.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Department of the Army records may be disclosed to bonafide Federal, State, or local social service or welfare organizations. Department of the Navy Records may be disclosed to local, State and Federal officials involved in Child Care Services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian physicians or hospitals in the course of obtaining emergency medical attention for children.

Additional routine uses are listed in the following applicable System of Records Notice: Department of the Army: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570083/a0608a-cfsc/>; Department of the Navy: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>; Department of the Air Force: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/F034-af-sva-c/>.

**DISCLOSURE:** Voluntary, however, failure to provide the required information will delay the processing and approval of child care services.

**SECTION I - DEPENDENT CHILDREN**

1. NAME OF EACH CHILD <i>(Last, First, Middle Initial)</i>	2. DATE OF BIRTH <i>(YYYYMMDD)</i>	3. AGE	4. CARE REQUESTED <i>(OR ENROLLED)</i>
a.			
b.			
c.			
d.			
e.			

**SECTION II - ANNUAL FAMILY INCOME**

<b>5. SPONSOR</b>				
a. NAME <i>(Last, First, Middle Initial)</i>			b. YEARS OF MILITARY/CIVIL SERVICE	
c. INCOME				
(1) Income Data	(2) Basic Allowance for Housing (BAH)	(3) Basic Subsistence Allowance	(4) Other Earned Income	(5) Total Income - Sponsor <i>(To be completed by Program Staff)</i>
<b>6. SPOUSE OR OTHER ADULT LIVING IN THE HOME</b>				
a. NAME <i>(Last, First, Middle Initial)</i>			b. INCOME	
<b>7. OTHER INCOME EARNED</b>			<b>8. TOTAL INCOME</b> <i>(Include income from Blocks 5, 6, and 7. To be completed by Program Staff.)</i>	

**SECTION III - CERTIFICATION OF SPONSOR/DESIGNEE**

*(Required for all categories. Please read the following statement carefully before signing.)*

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

9. SIGNATURE OF SPONSOR	10. SIGNATURE OF SPOUSE	11. DATE SIGNED <i>(YYYYMMDD)</i>
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**SECTION IV - FOR CHILD DEVELOPMENT PROGRAM USE ONLY**

12. PRIORITY SYSTEM ELIGIBILITY	13. CATEGORY OF APPROVAL	14. AUTHORIZED FEES	15. DATE OF APPROVAL <i>(YYYYMMDD)</i>	16. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL
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## INSTRUCTIONS

Per Department of Defense Instruction 6060.02, Child Development Programs, this form is utilized to determine fees for DoD Child Care Programs.

To determine child care fees for your child(ren), or and child(ren) you legally claim as dependents, this form must be completed, signed and returned to the facility for which your child is enrolling.

Fees are determined based on your Total Family Income (TFI) as defined below. TFI documentation is required for child care rate determination.

Total Family Income (TFI) - For the purpose of determining child care fees in DoD Child Development Programs, total family income is defined as all earned income including wages, salaries, tips, special duty pay (flight pay, active duty demo pay, sea pay) and active duty save pay, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including SSI paid to the spouse and VA benefits paid to the surviving spouse before deductions for taxes. TFI calculations must also include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind.

DO NOT INCLUDE alimony, and child support received by the custodial parent, SSI received on behalf of the dependent child, reimbursements for educational expenses or health and wellness benefits, cost of living (COLA) received in high cost areas, temporary duty allowances, or reenlistment bonuses.

For households in which unmarried couples or pairs are living as a family, the income for both adults should be used to determine Total Family Income (TFI).

Sections I, II, and III are to be completed by the sponsor or their designee.

### Section I.

1. Provide the last name, first name and middle initial for each child who is receiving care in a DoD child care program.
2. Provide the date of birth for each child who is receiving care in a DoD child care program.
3. Provide the age of each child on the date of application who is receiving care in a DoD child care program.
4. Provide the type of care being request or in which each child is currently enrolled.

### Section II.

When completing Section II, include all military and civilian income for both the sponsor and spouse or other adult living in the home.

- 5.a. Provide the sponsor's last name, first name and middle initial.
- 5.b. Provide the total years of military/civilian service as applicable.
- 5.c.(1) Provide your most recent income data and indicate if income is received weekly, biweekly, monthly or twice per month.
- 5.c.(2) Provide the current year BAH RT/C. For dual military living in government quarters include BAH RC/T of the senior member only; in locations where military members receive less than the BAH RC/T allowance, use the local BAH rate; for Defense civilian OCONUS include either the housing allowance or the value of the in-kind housing.
- 5.c.(3). Provide the basic subsistence allowance or in-kind equivalent.
- 5.c.(4) Provide any other earned income.
- 5.c.(5) To be completed by program staff.
- 6.a. Provide the last name, first name and middle initial of the spouse or other adult living in the home, who contributes to the welfare of the child.
- 6.b. Provide the income of the spouse or other adult living in the home, who contributes to the welfare of the child.
7. Provide any additional income.
8. To be completed by program staff.

### Section III.

9. Provide the sponsor's signature.
10. Provide the spouse's or other resident adult's signature.
11. Provide the date of signatures.

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM  
REQUEST FOR CARE RECORD**  
*(Read Privacy Act Statement and Instructions on back before completing form.)*

OMB No. 0704-0515  
OMB approval expires  
20231031

The public reporting burden for this collection of information is estimated to average 5 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 other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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.

<b>1. DATE OF REQUEST (YYYYMMDD)</b>		<b>2. EXPIRATION DATE (YYYYMMDD) (To be completed by Facility)</b>			
<b>3. FAMILY INFORMATION</b>					
<b>a. SPONSOR'S NAME (Last, First, Middle Initial)</b>			<b>b. SPOUSE'S NAME (Last, First, Middle Initial)</b>		
<b>c. CHILD'S NAME (Last, First, Middle Initial)</b>			<b>d. CHILD'S DATE OF BIRTH (YYYYMMDD)</b>		<b>e. CHILD'S AGE</b>
<b>f. HOME ADDRESS (Street, City, State, Zip Code)</b>			<b>g. SPONSOR'S BRANCH OF SERVICE</b>		
			<b>h. DUTY ORGANIZATION</b>		
<b>i. HOME TELEPHONE NUMBER (Include Area Code)</b>			<b>j. DUTY TELEPHONE NUMBER (Include Area Code)</b>		
<b>k. SIBLING CARE</b>					
<b>(1) NAME (Last, First, Middle Initial)</b>		<b>(2) DATE OF BIRTH (YYYYMMDD)</b>	<b>(1) NAME (Last, First, Middle Initial)</b>		<b>(2) DATE OF BIRTH (YYYYMMDD)</b>
<b>4. PROGRAM(S) DESIRED (X as applicable)</b>			<b>5. AGE GROUP (X one)</b>		
<b>a. FULL-DAY CARE</b>	<b>d. FAMILY DAY CARE (FDC)</b>	<b>a. INFANTS (0 - 12 months)</b>	<b>b. TODDLERS (13 - 35 months)</b>		
<b>b. PART-DAY CARE</b>	<b>e. PART-DAY ENRICHMENT</b>	<b>c. PRESCHOOL (3 - 5 years)</b>	<b>d. SCHOOL AGE (5+ years)</b>		
<b>c. SCHOOL AGE</b>	<b>f. PRE-SCHOOL</b>				
<b>6. SPONSOR STATUS (X one)</b>					
<b>a. SINGLE MILITARY</b>		<b>e. SINGLE DOD CIVILIAN</b>		<b>i. MILITARY/UNEMPLOYED SPOUSE</b>	
<b>b. DUAL MILITARY</b>		<b>f. RETIRED MILITARY</b>		<b>j. MILITARY/OTHER THAN DOD SPOUSE</b>	
<b>c. MILITARY/DOD SPOUSE</b>		<b>g. MILITARY RESERVE</b>		<b>k. OTHER (Specify)</b>	
<b>d. DUAL DOD CIVILIANS</b>		<b>h. NATIONAL GUARD</b>			
<b>7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)</b>					
<b>a. FCC ON-INSTALLATION</b>		<b>d. CIVILIAN CDC</b>		<b>g. IN-HOME CARE</b>	
<b>b. FCC OFF-INSTALLATION</b>		<b>e. MILITARY ALTERNATE CARE</b>		<b>h. NO PRESENT CARE</b>	
<b>c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)</b>		<b>f. NON-MILITARY ALTERNATE CARE</b>		<b>i. OTHER (Specify)</b>	
<b>8. GENERAL INFORMATION (X and complete as applicable)</b>					
<b>YES</b>	<b>NO</b>	<b>a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE IMPACTED? (If Yes, estimate average annual income lost)</b>		<b>YES</b>	<b>NO</b>
<b>b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?</b>		<b>d. CURRENT COST OF CARE PER WEEK (If child is currently in care)</b>			
<b>9. ACCOMMODATION UPDATES/REVERIFICATION (For Office Use Only)</b>					
	(1)	(2)	(3)	(4)	(5)
<b>a. DATE CALLED (YYYYMMDD)</b>					
<b>b. DECLINED/ PLACED</b>					
<b>c. COMMENTS/ INITIALS</b>					
<b>d. PLACEMENT TIME (In months)</b>					

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9E series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-144, Child and Youth Programs.

**PRINCIPAL PURPOSE(S):** To collect applicant information for Child Development Programs and establish waiting lists for program services. This information may also be used for statistical analysis, tracking, reporting, and evaluating program effectiveness.

**ROUTINE USE(S):** Department of the Army records may be disclosed to civilian health and welfare departments/agencies in emergencies. Department of the Navy records may be disclosed to local, state and Federal officials involved in child care services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian health and welfare departments/agencies in emergency situations.

When completed, records are covered by one of the appropriate SORNS:

Department of the Army: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570083/a0608a-cfsc/>;

Department of the Navy: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>;

Department of the Air Force: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>;

**DISCLOSURE:** Voluntary; however, if you fail to furnish the needed information, you might not be added to a waiting list or notified when there is space for your child.

## INSTRUCTIONS

This form is to be completed by authorized patrons (per Department of Defense Instruction 6060.02, Child Development Programs) and serves as the Official Request for Care for use of Department of Defense operated Child Development Programs. Providing this information is voluntary, but failure to complete the form may result in a denial of care.

1. Provide the date the request is completed.
2. To be completed by facility where care is requested. This form expires one year from the initial date of request.
3. Family Information.
  - 3.a. Provide the sponsor's last name, first name and middle initial.
  - 3.b. Provide the spouse's last name, first name and middle initial (when applicable).
  - 3.c. Provide the last name, first name and middle initial of the child for whom care is being requested.
  - 3.d. Provide the date of birth of the child for whom care is being requested.
  - 3.e. Provide the age of the child for whom care is being requested at the time of application.
  - 3.f. Provide the residential address of the child for whom care is being requested.
  - 3.g. Provide the sponsor's branch of service. For DoD civilians, provide the service or agency of employment. If this is not applicable, enter NA.
  - 3.h. Provide the organization to which the sponsor is employed. If this is not applicable, enter NA.
  - 3.i. Provide the home telephone number of the sponsor.
  - 3.j. Provide the work telephone number of the sponsor.
  - 3.k. If the family is requesting care for additional children, enter their last name, first name, middle initial and date of birth, and complete a separate form for each child when applicable.
4. Program(s) Desired.
  - Place an "X" to indicate the family's desire for where the child's need for care may be accommodated.
5. Age Group.
  - Place an "X" to indicate the age group that the child falls on the date of application.
6. Sponsor Status.
  - Place an "X" to indicate the status of the sponsor on the date of application.
  - For "Other", specify the sponsor's status.
7. Present Child Care Arrangements.
  - Place an "X" to indicate the present arrangement for child care of the child for whom care is being requested.
  - For "Other", specify the sponsor's status.
8. General Information.
  - 8.a. Indicate "Yes" or "No" if the lack of child care is impacting the ability of the spouse (where applicable) to find employment.
  - 8.b. Indicate "Yes" or "No" if the child has been identified for special needs care.
  - 8.c. Indicate "Yes" or "No" if the child is on other military waiting lists for child care. If, "yes", provide the name of the installation where the child is on a waiting list.
  - 8.d. If the child is currently accommodated in non-DoD child care, indicate the weekly cost for care.
9. To be completed by the facility only.



# MCCS Auto-Debit Authorization Form

MCAS Yuma, PO Box 99119, Yuma, AZ 85369

Child(ren) Full Name(s): \_\_\_\_\_

Sponsor's Full Name: \_\_\_\_\_

**Please initial the below paragraphs. Your initials are consent and agreement to the following:**

\_\_\_\_\_ I am authorizing MCCS MCAS Yuma Child and Youth Programs (CYP) to charge my debit (bank card)/credit card ending in \_\_\_\_ (last 4 digits) that expires on \_\_/\_\_/\_\_ for child care fees on a weekly basis.

\_\_\_\_\_ I agree, I am responsible for any processing fees assessed by my financial institution and that MCCS will not be held responsible for any additional bank fees or processing fees resulting from any of these weekly charges.

\_\_\_\_\_ I acknowledge I am still responsible for all fees and understand that if I do not see the charges appearing on my debit bank card/credit card statement it is my responsibility to notify CYP for follow up or make other payment arrangements.

\_\_\_\_\_ I understand that it is my responsibility to update MCCS if any activity/program and debit bank card/credit card information changes occur. This includes new card numbers, name changes and expiration date. I further agree that MCCS is not responsible for reminding me to update this required information. Late payments will apply if transactions are unable to be processed.

\_\_\_\_\_ I acknowledge that the origination of my debit bank card/credit card account must comply with the provisions of U.S. law.

\_\_\_\_\_ I certify that I am an authorized user of this debit bank card/credit card and will not dispute these scheduled transactions with my debit bank card/credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PRIVACY ACT STATEMENT**-The following information is provided to comply with the Privacy Act of 1974. All information collected on this form is required under the provisions of the Federal Financial Management Act of 1994, Section 3332 of title 31 of U.S.C. This information will be used by the MCCS to transmit payment, by electronic means to and from patron's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the ACH Program

## Debit Bank Card/Credit Card

Cardholder Name: _____
Card Number: _____
Expiration Date: _____
CCV: _____ Card Type: _____





Childs Name: \_\_\_\_\_

<b>2024</b>	<b>U.S. Marine Corps Child and Youth Programs What to bring to Resource and Referral (R&amp;R)</b>
Contact local R & R to set up an appointment to complete the registration package. To expedite the registration process, please have the following information available:	
<b>Parent Information Needed</b>	
Complete Home Address (indicate if housing is on or off base)	
Complete Work Address	
Military Command/Unit (Branch of Service)	
Spouse/Guardian Work Address and Employer's Name	
Home, Work and Cell Phone numbers for yourself and spouse/ guardian.	
Email for yourself and spouse/guardian that is accessible during work hours.	
Current Leave and Earnings Statement (LES) for yourself and spouse. If spouse is a full-time student bring proof of school enrollment (This information is used to determine DOD Fee Category).	
3 Local ( <i>must have base access &amp; arrive within 59minutes</i> ) emergency contacts for children and youth ( <i>other than parents</i> ). Full name and phone numbers are required.	
What type of care or service are you requesting?	
<b>Child/Youth Information Needed</b>	
Proof of DEERS	<i>Date seen:</i>
Child/Youth Official Shot Records	
Current Child/Youth Health Assessment	
Health Screening Tool for Inclusion Action Team (IAT) (If applicable)	
Child/Youth School and Grade	



<b>SPONSOR INFORMATION</b>				
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:		
<b>SPOUSE / GUARDIAN INFORMATION</b>				
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:		
<b>CHILD / YOUTH INFORMATION</b>				
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 (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
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 (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> Other:			
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 (BF/AF) <input type="radio"/> School Age Care (BF) <input type="radio"/> School Age Care (AF) <input type="radio"/> Summer Camp <input type="radio"/> Youth and Teen Program <input type="radio"/> 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.		I give my permission for child to use supervised computers and internet.		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
I approve my child/youth to attend field trips.		I am aware of the DoD Priority Supplanting Policy		
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		
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				
<b>LOCAL EMERGENCY CONTACT / RELEASE DESIGNEES (minimum of three contacts required)</b>				
25. Name (First MI Last)	26. Address	27. Home Phone	28. Cell Phone	29. Relation to Child
30. Parent/Guardian Signature:			31. Date:	

## 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/SORNs/index/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](mailto: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.

NAVMC 1750/5 (6-22) (EF)

CUI (when filled in)

Page 1 of 2

Previous versions are obsolete

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

AEM Form Designer 6.5

Marine Corps Community Services  
Child and Youth Programs  
Marine Corps Air Station  
Yuma, AZ 85369-9132

**PERMISSION SLIPS**

**FIELD TRIPS IN A VEHICLE (For Preschool & School Age Care only)**

**WAIVER OF LIABILITY (Vehicle or Bus)**

Release executed on (MM/DD/YY) \_\_\_\_\_ by (Parent's Name) \_\_\_\_\_  
(Parents address) \_\_\_\_\_ for passenger (Child's  
name) \_\_\_\_\_ and (Child's name) \_\_\_\_\_ of the City of YUMA,  
County of YUMA, State of ARIZONA, in favor of the United States Government.

In consideration of receiving transportation for the United States Marine Corps by motor vehicles from the Child and Youth Programs or a Family Child Care Provider to a planned and approved destination, including such other transportation by this and other means that may be reasonably required, for the Year of 2023. I hereby release the United States Government including all its subdivisions, officers, military personnel DoD employees, and agents from all liability for any injuries or death that may result to me and/ or my child from this transportation, whether caused by negligence or otherwise. I understand that in transporting me and/or my child, the United States Government is not acting as a common carrier for hire and transportation. I also understand that I am under no obligation towards the United States Government except as imposed by this release. I agree that this release not only binds me, but also my family, heirs and assigns, administrators, and executors. I further state that I, \_\_\_\_\_ (parents name), have carefully read the foregoing release and know that contents thereof and sign this release as my own free act.

\_\_\_\_\_  
Parent's Signature & Date

If I choose to deny permission, I may be responsible for finding alternate care for my child during the duration of the field trip. I also understand that if I choose to accompany the field trip, I will be responsible for my child. In addition, each trip that uses any of the above vehicles will have a separate permission slip with the specific times, dates, and destination.

---

**WATER PLAY**

I give permission to participate in water play within the CYP Splash Pad/Provider's yard. Water play may include sprinklers, a water hose, small containers of water, and water tables; child will need separate clothes to participate in water play. Wading pools will not be used.

Child \_\_\_\_\_ YES \_\_\_ NO \_\_\_      Child \_\_\_\_\_ YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Parent's Signature & Date

**DAILY WALKS**

I give permission to go on daily walks around the base. I understand I will be notified as to the destination and time of the walks, so that I may reach my child if necessary. I also understand that a cell phone and emergency information will be taken on each field trip.

Child \_\_\_\_\_ YES \_\_\_ NO \_\_\_      Child \_\_\_\_\_ YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Parent's Signature & Date



**Marine Corps Community Services  
Child and Youth Programs  
Marine Corps Air Station  
Yuma, AZ 85369-9132**

From: Administrator, Child, and Youth Programs

To: Child and Youth Programs Patron

Subj: HEALTH ASSESSMENT

Encl: Child and Youth Programs (CYP) Health Assessment Forms

1. Marine Corps Order 1710.30 requires children and youth that participate in programs to have a health screening at least annually. The documentation of the annual health screening will be kept on file in the child's record for the duration of the child's attendance in the program.

2. Parents are required to complete this endorsement and return the completed enclosure the Resource and Referral office *prior to the enrollment date, specific if there is a diagnosed special need or allergy*. This applies to children under 12 years of age who are enrolled or will be enrolled in CDC, SAC, and FCC. Children/youth that have been enrolled in the program for a year are requires to have a new health assessment completed, to include any food substitution and IAT forms. This update will occur annually.

3. Children that do not meet these requirements may be disenrolled from the program of *offer may be removed* until a time that the documentation is completed.

4. Parents that have a current health assessment mat bring a copy with their signature and date on the bottom of the form. If children have been evaluated recently by their health care provider, the provider may fax the current health assessment to the Resource and Referral office.

Endorsement

I have received the CYP Health Assessment. I will return the completed Health Assessment signed by myself and my child's health care provider by \_\_\_\_\_.

<u>Child or Children</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Care Requested</u>
_____	_____	_____	CDC__ SAC__ FCC__ HOURLY__
_____	_____	_____	CDC__ SAC__ FCC__ HOURLY__
_____	_____	_____	CDC__ SAC__ FCC__ HOURLY__
_____	_____	_____	CDC__ SAC__ FCC__ HOURLY__

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





**USMC CHILD AND YOUTH PROGRAMS  
HEALTH ASSESSMENT**

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); E.O. 9397 (SSN), as amended; and SORN NM01754-3.

**PURPOSE:** The information collected on this form is used by Child & Youth Programs (CYP) and Inclusion Action Team personnel to determine the general health status of patrons participating in CYP activities and if necessary the appropriate accommodations for the patron for full enjoyment of CYP services.

**ROUTINE USES:** Information will be accessed by CYP personnel with a need to know to meet the purpose. Information may be disclosed to health care providers. Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information collected and maintained. A complete list and explanation of the applicable routine uses are published in the authorizing SORN 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.

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**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.** Responses should be sent to your Regional Director.

**GENERAL INFORMATION (please print) Pages 1 and 2 to be completed by Parent/Guardian**

1. Sponsor Name (Last, First):		2. Sponsor Phone Number:
3. Participant Name (Last, First):		
4. Date of Birth:	5. Gender:	6. Enrolled in Public School: <input type="radio"/> Yes <input type="radio"/> No

**IDENTIFICATION OF CHILD/YOUTH CONDITIONS AND ACCOMMODATIONS**

7. The child/youth has the following (check all that apply):

N/A - Child/Youth does not have any identified needs, considerations or accommodation requirements

Allergies (Attach Allergy Action Plan)

Food                      Environmental                      Medicine                      Type of reaction:  Anaphylaxis       Local reaction (mild)

Other/Explain: \_\_\_\_\_

Asthma or Reactive Airway Disease (Attach Asthma Action Plan)

Explain (triggers, controlled, medication required): \_\_\_\_\_

Behavioral or Emotional Needs (e.g., ADD, Autism, and ODD)

Explain: \_\_\_\_\_

Developmental Delay or Needs

Explain: \_\_\_\_\_

Diabetes (Attach Diabetes Care Plan)       Insulin dependent                       Non-insulin dependent

Explain: \_\_\_\_\_

Environmental Adaptations (e.g., room temperature and wheelchair access)

Explain: \_\_\_\_\_

Needs Assistance with Activities of Daily Living

Explain: \_\_\_\_\_

Participant Name (Last, First):		Date of Birth:
<b>IDENTIFICATION OF CHILD/YOUTH CONDITIONS AND ACCOMMODATIONS <i>Continued</i></b>		
<input type="radio"/> <b>Orthopedic Condition</b> Explain:		
<input type="radio"/> <b>Other Chronic Health Condition (e.g., bladder/bowel condition, cancer, and hemophilia)</b> Explain:		
<input type="radio"/> <b>Seizures (Attach Seizure Action Plan)</b> Type of seizure: <input type="radio"/> Febrile <input type="radio"/> Absent <input type="radio"/> Epilepsy <input type="radio"/> Other Seizure Disorder Explain:		
<input type="radio"/> <b>Skin conditions (e.g., rashes, eczema, discoloration, birth marks, and cloth diaper use)</b> Explain:		
<input type="radio"/> <b>Special Diet/Food Intolerance or Dietary Modifications</b> Explain:		
<input type="radio"/> <b>Speech/Communication Needs</b> Explain:		
<input type="radio"/> <b>Vision/Hearing Disability</b> Explain:		
<input type="radio"/> <b>Other (conditions/adaptations/modifications/recommendations/concerns or comments to ensure the child's/youth's needs are met)</b> Explain:		
8. Does your child require medication while participating in CYP? (If yes, a Medication Authorization must be completed) <input type="radio"/> Yes <input type="radio"/> No    If yes, please list:		
9. Has the child/youth required the care of a Health Care Provider for any ongoing health conditions or surgeries in the past year? <input type="radio"/> Yes <input type="radio"/> No If yes, explain circumstances and current status:		
10. Is the child/youth enrolled in Exceptional Family Member Program? <input type="radio"/> Yes <input type="radio"/> No    If yes, what branch of Service?		
11. Child has an: <input type="radio"/> Individualized Family Service Plan (IFSP) <input type="radio"/> Individualized Education Program <input type="radio"/> 504 Plan <input type="radio"/> Behavioral Plan <input type="radio"/> None If a plan is identified, what type of services does your child/youth receive (e.g. speech, physical, occupational, ABA)? Will required services be provided by outside agencies (e.g., early intervention and school district) during care? <input type="radio"/> Yes <input type="radio"/> No		
<b>A current copy of the child/youth immunization record must be given to CYP.</b>		
<b>PARENT/GUARDIAN SIGNATURE</b>		
I understand that all reasonable efforts will be made to support the needs documented on this health assessment. Each child's needs and required accommodations are considered on a case-by-case basis by a collaborative team at the program level. Some cases need the support of the Inclusion Action Team (IAT) to determine reasonable accommodations and identify additional resources. Parent/guardian(s) will be notified and invited to attend IAT meetings. I acknowledge that CYP is not responsible for providing the child/youth with services that would be considered skilled nursing or behavioral, occupational, speech, or physical therapy. I understand that this form must be updated annually, or earlier, if there is a change in condition or need.		
12. Name (Last, First):	13. Signature:	14. Date:
<b>Office Use Only-Reviewed by CYP Nurse or Other Designated Personnel</b>		
15. Name (Last, First):	16. Signature:	17. Date:

Participant Name (Last, First):						Date of Birth:					
<b>PHYSICAL EXAMINATION (To be completed by Licensed Health Care Provider)(May attach last physical if within last 12 months)</b>											
18. Date of Physical Assessment:				19. Height:		20. Weight:		21. BP:		22. HR:	
	Within Normal	Abnormal Finding	Not evaluated		Within Normal	Abnormal Finding	Not evaluated		Within Normal	Abnormal Finding	Not evaluated
23. HEENT			24. Neurological			25. Urinary					
26. Dental/Oral			27. Back/Extremities			28. Abdomen					
29. Lungs			30. Skin			31. Heart					
32. Genital			33. Explain abnormal findings:								
34. Passed all age appropriate routine screenings: <input type="radio"/> Yes <input type="radio"/> No (if no, please explain and note if referred to specialist)											
35. Immunizations are current and up to date: <input type="radio"/> Yes <input type="radio"/> No											
Medical Exemption: I certify that administration of the below vaccine(s) would be detrimental to this child's health. The vaccine(s) is (are) specifically contraindicated because (please specify):											
This contraindication is <input type="radio"/> permanent <input type="radio"/> or temporary and expected to preclude immunizations until: Date (M/D/YYYY):											
<input type="checkbox"/> <b>CONDITIONAL EXEMPTION:</b> This participant has received at least one dose of each of the vaccines required and has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on:											
<b>A current copy of the child/youth immunization record must be given to CYP.</b>											
<b>MEDICATION (if more space is needed, please attach additional documents)</b>											
36. Ongoing medications prescribed for child/youth? <input type="radio"/> Yes <input type="radio"/> No						If Yes, list medications (including Emergency) below and indicate which require administration during child care hours.					
37. Medication Name and Strength				38. Dosage		39. Frequency		40. Potential Side-Effects		41. Required during childcare	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
42. Carry and Self-Administer Authorization for School Age Care and Youth only (provider initials)											
I have instructed this youth in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self administer his/her medication. This youth has been instructed not to share medications.											
It is my professional opinion that this child/youth SHOULD NOT carry or self administer his/her medication.											
43. The child/youth is able to participate in CYP and appears to be free from contagious or communicable diseases. <input type="radio"/> Yes <input type="radio"/> No											
If no, please explain:											
44. Healthcare Provider Stamp or Printed Name & Address						45. Healthcare Provider Signature					
						46. Date					



<b>USMC FAMILY CARE PROGRAMS CONSENT TO RELEASE INFORMATION</b>	OMB No. 0703-0068  OMB Approval Expires 09/30/2025
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Please read the Privacy Act Statement on back before completing the form.

The public reporting burden for this collection of information, OMB No. 0703-0068, is estimated to average 0.17 hours (10 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.

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**GENERAL INFORMATION**

1. Name	2. Date of Birth
3. Agency Name, Title, and Name of Specific Staff Contact Person or Designee	
4. Additional agencies who may exchange information are listed on the back <input type="radio"/> Yes <input type="radio"/> No	

**SOURCE AND TYPE OF INFORMATION**

5. This authorization applies as following:

YES	NO		YES	NO	
<input type="radio"/>	<input type="radio"/>	Assessment Information	<input type="radio"/>	<input type="radio"/>	Mental Health/Psychiatric/Psychological Records and Information
<input type="radio"/>	<input type="radio"/>	Educational Records and Information	<input type="radio"/>	<input type="radio"/>	Health and Medical Records and Information

6. Other information that may be released or exchanged (please specify or enter N/A)

7. The form of information that may be exchanged (please initial):

Written	Verbal	Computerized Data
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8. This information may be exchanged for the following purposes (please initial all that apply):

Service Coordination and Treatment Planning	Eligibility Determination	Accommodations for MFY
Other (specify):		

**ACKNOWLEDGEMENT**

I understand this authorization and consent will remain effective for one year from date of signature unless I revoke it sooner by notifying the agencies or individuals orally or in writing. This will stop the exchange of information authorized by this document. I understand that I have the right to know the nature of the information being exchanged, and why, when, and with whom it was shared. A copy of this signed authorization and consent is valid to exchange information. If I do not sign this form, information about me or my family member will not be exchanged and I will have to make other arrangements to obtain and provide Family Care Programs personnel necessary information about me or my family member that is held by other agencies.

I am/are the (Check one):  Self  Parent/Legal Guardian or Custodian  Agent Acting Pursuant to a Power of Attorney

Mailing Address:

Print Name:	Signature:	Date:
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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); E.O. 9397 (SSN), as amended; and SORN NM01754-3.

**PURPOSE:** The primary purpose of this form is to obtain consent to share information about a patron participating in a Marine Corps Family Care Programs (MFY) between MFY personnel and other designated individuals or organizations. The information exchanged will support authorized MFY services to the patron.

**ROUTINE USES:** Information will be accessed by MYF personnel with a need to know to meet the purpose. Information may be disclosed to the specifically authorized individuals or organizations listed on the form. Any release of information contained in this system of records 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 SORN available at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DODwide-SORN-Article-View/Article/570428/nm01754-3/>.

**DISCLOSURE:** Providing information is voluntary; however, failure to complete the form will limit MFY's ability to communicate with organizations or individuals outside of DoD and may adversely affect available services.

**RECORD MANAGEMENT:** This form shall be managed in accordance with record schedule 1000-39, "Family Support Programs (Temporary)" of SECNAV M-5210.1.

[Empty form area]

MEMORANDUM:

FROM: [insert school name]

SUBJECT: Parent 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. The well-being and safety of your child is our top priority. To ensure a comprehensive continuum of care for your child, CYB-MFLCS may work in collaboration with school or program professionals.

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

- Observing, participating and engaging in classroom activities
- Developing strategies for supporting positive behavior, age-appropriate behavioral interventions to enhance coping and behavioral skills in the classrooms and at home
- Meeting one-on-one or in groups, providing evidence-based prevention and intervention services
- Implementing and modeling strategies for teacher and staff responses to children's behavior
- Conducting trainings for staff
- Facilitating groups to increase parents' understanding of social emotional development and positive behavior guidance 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.
- Conducting individual sessions to address the unique challenges of school-aged military children and youth

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.

**Acknowledgement of Understanding:**

I understand the role of the CYB-MFLC and that they may work in collaboration with school or program professionals to ensure a comprehensive continuum of services. I also understand that the CYB-MFLCs are mandated reporters as outlined above.

Please select applicable boxes below:

- I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC direct 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.
- 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.

Print Name of Child: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **DOD CHILD DEVELOPMENT PROGRAM FEES FOR SCHOOL YEAR 2023-2024 FREQUENTLY ASKED QUESTIONS**

### **1. How have child care fees been adjusted?**

- After conducting a holistic assessment of its child care fees, the Department has begun to take steps to rebalance the way fees are structured in order to better meet the needs of military families. These changes represent a major change to the way the Department's child care fees have been structured for the past 30 years.
- For school year (SY) 2023-2024, child care fees are adjusted to make fees more equitable and more affordable for families with the greatest economic need by reducing the percentage of income that lower income families devote to their child care needs. These adjustments align with Executive Order 14095, "Increasing Access to High-Quality Care and Supporting Caregivers," which directs the DoD to improve the affordability of child care on military installations.
- The fee policy also decreases the number of fee categories from 14 to 11, modifies each total family income (TFI) range, and increases the highest TFI category to \$160,001 and above. Additionally, the fee policy increases the fee assistance provider rate cap for both community-based providers and military-certified family child care providers to \$1,800 per child per month.

### **2. What services will families receive for the SY 2023-2024 child development program (CDP) fees?**

- SY 2023-2024 CDP fees for regularly scheduled child development center (CDC) and school-age care (SAC) patrons are based on 50 hours of care per week per child. In the event that mission requirements dictate the need for care beyond 10 hours per day, the program will assume the additional costs using appropriated fund dollars. If program operating hours extend to 14 hours a day, no child may remain in care for more than 12 hours per day, except in cases of an emergency.
- SAC full-day CDP fees (summer and holidays) are based on full-day CDC fees and include the number of SAC operating hours. SAC rates include all meals and snacks when provided. For families with children enrolled full-time in SAC full-day winter break, spring break, or summer programs, wherein meals are not provided and a family provides all meals for their child, as a pilot initiative, child care fees for full-time full-day care will be reduced by \$100 per month (or prorated to \$23/week).
- For families participating in community-based fee assistance, a pilot initiative will support meals when not provided by a family's community-based provider, as follows:
  - For families participating in community-based fee assistance, wherein meals are not provided by their provider and a family provides all meals for their child, child care fees for full-time, full-day care will be reduced by \$100 per month.

- For families participating in community-based fee assistance, wherein meals are not provided by their provider and a family contracts with an outside entity to provide all meals for their child, child care fees for full-time, full-day care will be reduced by the cost of meals, not to exceed \$100 per month.
- For families participating in community-based fee assistance for full-time, full-day care, wherein provider's fees including meal costs remain within the \$1,800 monthly provider rate cap, fee assistance will be calculated including the meal costs.
- For families participating in community-based fee assistance for full-time, full-day care, wherein meals are provided and their provider's fees are above the \$1,800 per monthly rate cap, fee assistance will reimburse the provider up to \$100 per month above the monthly rate cap with documentation of meal costs within the provider's fee structure.

**3. Will families have to resubmit documentation if there have been no changes to financial arrangements?**

- TFI must be verified on an annual basis. TFI for all families enrolled in CDPs must be verified no later than December 29, 2023.
- Each family, regardless of income category, must provide income documentation for verification using the most recent Form W-2, current Leave and Earnings Statement, or other authorized proof of income. DD Form 2652, "Application for Department of Defense Child Care Fees," in paper or electronic form, is used to verify TFI.
- Families are not permitted to automatically elect to enroll in the highest fee category. Failure to provide the required information will delay the processing and approval of child care services and will result in denial of child care services.

**4. What happens if a family refuses to provide proof of income?**

- Failure to provide the required information will delay the processing and approval of child care services and will result in denial of child care services.

**5. Are there any exceptions to these rules in the event of special circumstances? If so, how are these determined?**

- Installation commanders have the authority to grant case-by-case exceptions to the fee policy. Child care fees for individual families may be adjusted on a case-by-case basis if warranted due to special financial hardship. Employees of DoD contractors and specified space-available patrons are not eligible for the individual hardship exception. Individual family fees, excluding CDP staff, may not be adjusted below the Category 1 fee except when discounts for multiple children of Category 1 families are authorized and when fees are reduced to cover meal costs. Individual family fees, excluding CDP staff, may not be

adjusted below the Category 1 fee except when discounts for multiple children of Category 1 families are authorized and when fees are reduced to cover meal costs.

**6. Are there discounts for multiple children from the same family?**

- Installation commanders may authorize up to a 20 percent reduction of child care fees for additional children of the same family. If a multiple child discount is offered, the discount shall apply to all TFI categories.
- Employees of DoD contractors and specified space-available patrons are not eligible to receive the multiple child discount.

**7. Will DoD civilian employees be taxed on the value of the child care space?**

- The Internal Revenue Code requires that child care subsidies generally be treated as part of gross income for tax purposes. Child care subsidies for dependents of DoD civilian employees that exceed the \$5,000 exclusion (\$2,500 for married individuals filing separately) are taxable and reportable.
- The cost of each space in DoD installation-based CDPs is equally subsidized for both active duty Service members and DoD civilian employees through appropriated funds. These subsidies include direct support for a limited number of staff salaries, equipment, and supplies. Additional financial support is provided in the form of installation contracts, facility and grounds maintenance, and other personnel support. In the absence of subsidies, the cost of child development programs offered to both active duty Service members and DoD civilian employees would be significantly higher.

**8. What is the market adjustment rate option, and who will pay it?**

- Installation commanders may request, through their Service headquarters, to charge child care fees using the low- or high-market adjustment rate. The Military Services and DLA must carefully examine and consider the impacts of approving requests for market adjustment rates.
  - The optional high-market rate may be considered in areas where it is necessary to pay higher wages to compete with local labor or at those installations where wages are affected by non-foreign area Cost of Living Allowance, post differential, or locality pay.
  - The optional low-market adjustment rate may be used in areas where costs for comparable care within the installation catchment area are significantly lower. Programs may also apply the low- or high-market adjustment rates solely to DoD SAC programs to remain competitive with off-installation SAC programs.

- The use of low- and high-market adjustment rate options must be reported to the Office of Military Family Readiness Policy, Children, Youth, and Families by January 1, 2024, and will be validated during the annual certification process.