

CHILD & YOUTH SERVICES REGISTRATION CARD

Date (Orig)
Date (Update)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3103
PRINCIPAL PURPOSE: Information used by DA personnel to (1) develop programs meeting needs of children and families, (2) ensure appropriate placement of children, (3) identify contingency plan for child illness/emergency and (4) parent consent for transportation, use of photographs and independent participation in outside events/activities.
ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in CYS programs.

DECLARATION OF NONDISCRIMINATION. Services will be made available to all children/youth in attendance, without regard to race, color, religion, national origin, ancestry, or sex, within the limits of AR 608-10 and supplementary guidance. CYS programs participating in the USDA Food Program shall offer meals without physical segregation of, or discrimination against any child/youth regardless of ability to pay.

Name of Sponsor (Last, First, Middle Initial)				Rank	Act/Ret/Civ	SSN	Sole Parent <input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Address				On Post <input type="checkbox"/>	Home Phone		Work/Duty Address				
				Off Post <input type="checkbox"/>	Work Phone						
Name of Spouse (Last, First, Middle Initial)				Rank	Act/Ret/Civ	SSN	Dual Military Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Address				On Post <input type="checkbox"/>	Home Phone		Work/Duty Address				
				Off Post <input type="checkbox"/>	Work Phone						
Name of Child (Last, First, MI)				Name of Child (Last, First, MI)				Name of Child (Last, First, MI)			
SSN		Birth Date		SSN		Birth Date		SSN		Birth Date	
Sex	Physical Date	EFMP Enrolled Yes No		Sex	Physical Date	EFMP Enrolled Yes No		Sex	Physical Date	EFMP Enrolled Yes No	
IMMUNIZATION DATES				IMMUNIZATION DATES				IMMUNIZATION DATES			
DPT				DPT				DPT			
TOPV				TOPV				TOPV			
MMR				MMR				MMR			
TINE				TINE				TINE			
HIB				HIB				HIB			
HEP				HEP				HEP			
ALLERGIES				ALLERGIES				ALLERGIES			
OTHER MEDICAL CONCERNS				OTHER MEDICAL CONCERNS				OTHER MEDICAL CONCERNS			

Name of Child (Last, First, MI)			Name of Child (Last, First, MI)			Name of Child (Last, First, MI)		
SSN		Birth Date	SSN		Birth Date	SSN		Birth Date
Sex	Physical Date	EFMP Enrolled Yes No	Sex	Physical Date	EFMP Enrolled Yes No	Sex	Physical Date	EFMP Enrolled Yes No
IMMUNIZATION DATES			IMMUNIZATION DATES			IMMUNIZATION DATES		
DPT			DPT			DPT		
TOPV			TOPV			TOPV		
MMR			MMR			MMR		
TINE			TINE			TINE		
HIB			HIB			HIB		
HEP			HEP			HEP		
ALLERGIES			ALLERGIES			ALLERGIES		
OTHER MEDICAL CONCERNS			OTHER MEDICAL CONCERNS			OTHER MEDICAL CONCERNS		

EMERGENCY NOTIFICATION/CHILD RELEASE DESIGNEES (OTHER THAN PARENTS)

NAME	HOME PHONE	WORK PHONE	NAME	HOME PHONE	WORK PHONE
1			4		
2			5		
3			6		

SPONSOR CONSENT

I, _____, parent/guardian of _____

consent to the following in reference to my child/children:

CHECK	
YES	NO

USE OF PHOTOGRAPHS FOR RELEASE TO MEDIA

TRANSPORTATION IN A GOVERNMENT VEHICLE

INDEPENDENT PARTICIPATION IN ATHLETIC EVENTS, CLASSES, YOUTH ORGANIZATIONS AND CLUBS AND WALKING TO AND FROM SCHOOL, VISITING FRIENDS OR OTHER ACTIVITIES LISTED BELOW.

CHILD (CHILDREN)	ACTIVITY	LOCATION	DAYS / DATES	ARRIVE	DEPART

I, _____, parent/guardian of _____ give consent for an authorized CYS staff member to take my child/children for medical or dental care, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under provision of AR 40-3, paragraph 3-19.

Signature of Sponsor/Spouse

Date