



Child and Youth Programs

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Naval Support Activity Rota, Spain
PSC 819 Box 8
FPO, AE 09645

CYP Statement of Understanding

1. CYP staff is trained yearly on Child Abuse/Neglect issues. As part of the OPNAVINST regulations I understand all staff members are mandated reportersto the Family Advocacy Representative(FAR). If there is a concern about a visible mark or behavior the FAR maybe be consulted. The CYP staff do not make determination on these issues._____ Initials
2. I understand that it is my responsibility to obtain and read any program guidelines and newsletters during my child's participation in a CYP program._____ Initials
3. I understand that it is my responsibility to provide the CYP with an annually updated registration packets and valid telephone numbers._____ Initials
4. I understand that my child is expected to display proper behavior at all times. I further understand that if my child display s behavior that is unacceptable or places himself /herself or others in an unsafe position, I may be called to come in and get him/her regardless of time and place._____ Initials.

Sponsor/Parent Signature

Date