



# NAVAL DISTRICT WASHINGTON CHILD & YOUTH PROGRAM NEW ENROLLMENT CHECKLIST



Welcome to the Navy Child & Youth Program! Your New Parent Orientation is scheduled on \_\_\_\_\_ at \_\_\_\_\_.  
(Date) (Time)

**1. Please read and bring any questions to orientation:**

- Parent Handbook
- Fee Policy

**2. Please read, complete, sign and return these items when you come to New Parent Orientation.**

**We cannot accept your child without emergency contacts and required paperwork:**

- Registration Form - Form CNICCYP 1700/04  
NOTE: You are required to provide a **minimum of two local** names and phone numbers, of people who can come pick up your child(ren) in an emergency if you cannot be reached. These contacts may be your supervisors, co-workers, neighbors, friends, or relatives. We will, however, make every effort to contact you first.
- Health and Medical Information Sheet
- Child and Family Profile (only fill out form applicable to your child's age)
  - Infant - ages 0-1 yr. (CNICCYP 1700/07A)
  - Pre-Toddler and Toddler - ages 1-3 yrs. (CNICCPY 1700/07B)
  - Pre-school - ages 3-5 yrs. (CNICCYP 1700/07C)
  - SAC (School Age Care)- 5yrs-10 yrs (CNICCYP 1700/07D)
- Auto-Debit Authorization form
- USDA Forms- (applicable to the State USDA program)

**3. In addition, please bring these items with you when you come to New Parent Orientation**

- Proof of TFI (Total Family Income)- Latest LES/Pay Stub and/or Proof of Full-Time Student Status for both sponsor and spouse
- Immunization record
- Special Needs Intake Packet\* (if applicable, ask front desk for a copy)
  - Completed Family Member Medical Summary
  - Medication Administration Form (if necessary)
  - Medical Request for Special Meals
  - IEP(Individual Education Plan)/IFSP( Individual Family Support Plan)
  - Current Medical/Behavioral support plans (inc. Asthma action plan)
  - EFMP Enrollment Letter (if military)
- Family Care Plan\* (for single parents and dual active duty families only)

We look forward to seeing you!

Your child is scheduled to begin care on \_\_\_\_\_ at \_\_\_\_\_.  
Date Location

**NOTE:** Child care fees will be charged according to this start date, unless otherwise specified in writing by the CYP facility. You must pay your childcare bill in full and submit ALL items in Parts 2 and 3 in order for childcare to begin.



## INSTRUCTIONS FOR CHILD AND YOUTH PROGRAMS (CYP) REGISTRATION FORM

A separate form shall be completed for each child registered.

The parent shall complete all the information about the family and/or child.

**STATUS BLOCK:** Circle any area(s) that apply to the status of sponsoring parent (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).

After completing the form, parent(s) must sign and date in the SPONSOR AGREEMENT section. This signature and date verifies that all information is correct and validates the agreement to allow transport for medical or other emergencies.

At least annually or when the information is outdated, a new form will be completed, signed, and dated.

A CYP representative (e.g., clerk, director, provider, etc.) will sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

The original Navy CYP Registration Form (CNICCYP 1700/04) shall be kept in the CYP Child Registration Form File. This file shall be maintained in an easily accessible file and shall be taken outside with the day's sign-in sheet during an evacuation drill or in the event of an emergency. A copy shall be maintained in the child administration file shall be maintained at the front desk administrative area in a locked file cabinet or locked file box. **Programs using CYMS are NOT required to maintain a separate copy in the child's administration file; however, all information must be kept current in CYMS.**

### **CHILD DEVELOPMENT HOME PROGRAMS:**

CDH providers shall maintain the original CYP Registration Form for each child in the home. Forms shall be in an easily accessible location for emergency contact or evacuation.

The CDH office shall maintain an alphabetized current copy of each child's Navy CYP Registration Form for each child enrolled.

Forms shall be in an easily accessible location (for the telephone or for evacuation).

### **FOR ALL PROGRAMS:**

Registration forms, with the sign-in sheet, shall be taken outside during an evacuation drill or in the event of an emergency.

A duplicate copy of each child's Navy CYP Registration Form, with local emergency contact numbers/names must be taken on each field trip.

Medical insurance policy numbers are not required for parents who are active duty. Social security numbers are used to identify the member for medical and insurance purposes and should not be collected.



**NAVAL DISTRICT WASHINGTON  
CHILD & YOUTH PROGRAM  
HEALTH AND MEDICAL INFORMATION**



**Part A – General Information**

Please complete this form and return with other required documentation.

START DATE (YYYYMMDD) _____		REQUIRING DIRECTIVE OPNAVINST 1700.9		
NAME OF CHILD (LAST, FIRST, MIDDLE)	SEX	BIRTHDATE (DD/MM/YY)	AGE	
SPONSORS NAME (LAST, FIRST, MIDDLE)		RANK/RATE	BRANCH	STATUS: ACT RET RES CIV CTR COMCIV

**Part B - Identification of Child/Youth Condition/Restrictions**

Child has any of the following conditions/restrictions: (Check yes or no)

1. Allergies: Please list: \_\_\_\_\_
  - a. Life threatening reaction  No  Yes
  - b. Epi-pen or other medication required  No  Yes
  - c. Other allergic reactions (hives, rash, diarrhea)  No  Yes
2. Asthma reactive airway disease  No  Yes
3. Attention Deficit Disorder (ADD)  No  Yes
4. Autism  No  Yes
5. Behavioral/conduct concerns (ex, oppositional defiant disorder, anxiety disorder, )  No  Yes
6. Blindness/visual problems  No  Yes
7. Diabetes  No  Yes
8. Emotional problems that require care by a psychiatrist, psychologist or social worker  No  Yes
9. Epilepsy  No  Yes
10. Hearing problems  No  Yes
11. Heart problems  No  Yes
12. Kidney problems  No  Yes
13. Speech/language delay  No  Yes
14. Physical disability  No  Yes
15. Dietary restrictions  No  Yes
16. Assistance with activities of daily living  No  Yes
17. Other conditions  No  Yes

**Part C - Medications**

Child is on medications on a regular basis  No  Yes

**Part D - Early Intervention and Special Education**

Individualized Family Service Plan (IFSP)/Individualized Education Plan (IEP) or 504 plan  No  Yes

**Part E - Exceptional Family Member Program (EFMP) Enrollment**

Child is enrolled in the EFMP  No  Yes (specify for what condition)

**If you answered “YES” to any of the questions above, please request and complete the Special Needs Intake Packet. This packet is required to be completed by a physician.**

I acknowledge that all the above information is true and accurate. I understand that I must report and changes to the CYP for the purposes of providing adequate care to my child. Changes to health information may require additional medical documentation and meeting with the IAT( Inclusion Action Team) to continue enrollment.

\_\_\_\_\_  
**Parent 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 information about 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. 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.  
REV 1/22/13

# NAVY CHILD AND YOUTH PROGRAMS CHILD AND FAMILY PROFILE (INFANT)

REQUIRING DIRECTIVE OPNAVINST 1700.9

<b>PRIVACY ACT STATEMENT</b>		
<p><b>AUTHORITY:</b> 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."</p> <p><b>PURPOSE:</b> To provide Child and Youth Programs (CYP) with information about enrolled children and their families in order to meet the specific needs of individual children.</p> <p><b>ROUTINE USES:</b> The information is used by CYP Professionals to develop programs specific to individual children and to assist with appropriate placement in classroom and group settings.</p> <p><b>VOLUNTARY DISCLOSURE:</b> Furnishing the information is voluntary.</p>		
<b>NAME OF SPONSOR/PARENT:</b>	<b>NAME OF SPOUSE:</b> (if applicable)	
<b>DUTY STATION/PLACE OF EMPLOYMENT:</b>		
<b>CHILD DATA</b>		
NAME: (LAST, FIRST, MI)	NICKNAME:	BIRTH DATE:
<b>TELL US ABOUT YOUR CHILD</b>		
<b>DIAPERING</b>		
Are there any special instructions for diaper changes?		
<b>SLEEPING</b>		
What signs does your child exhibit when he/she is tired and needs to sleep?		
When does your child usually sleep?		
How long does he or she usually sleep?		
What helps your child to fall asleep?		
We put babies to sleep on their backs. Is your baby used to sleeping on his or her back? (Y/N)		
How does your child wake up?		
Does he or she wake up quickly or slowly?		
Does your child like to be taken out of the crib immediately or to lie alone in the crib for a few minutes before being held?		

**EATING**

Are you breast-feeding or bottle-feeding your baby?

If breast-feeding, will you come to the center to breast-feed? Y/N

If so, what time?

If not, will you send expressed breast milk?

What kind of formula do you use?

How do you prepare the bottles?

How much do you prepare at one time?

How much does your baby drink at one time?

Does your baby drink bottles of water during the day? Y/N If so, how much?

Is your baby eating solid foods? Y/N

If so, which ones?

When?

How do you prepare your baby's solid foods?

How much does your baby eat at one time?

How is your baby used to being fed (in what position)?

Does your baby eat any finger foods? If so, which ones?

**DRESSING**

Is there anything special we should know about dressing and undressing your child?

Does your child have any birthmarks or other identifiable markings the staff should be aware of? If so, where are they located?

**AWAKE TIME**

How does your baby like to be held?

What position does your baby prefer when awake?

What does your child like to do when awake?

How do you play with your child?

CHILD'S FAVORITES				
FOODS		TOYS		ACTIVITIES
SPECIAL CONSIDERATIONS				
FEARS/DISLIKES		PERSONALITY CHARACTERISTICS		SPECIAL NEEDS
CHILD INFORMATION				
PREVIOUS GROUP EXPERIENCE			RESPONSE TO NEW/STRANGE SITUATIONS	
FAMILY INFORMATION			PET INFORMATION	
SIBLINGS	AGE	RELATIONSHIP	TYPE	NAME
EXTENDED FAMILY (LIVING WITH CHILD OR CLOSE BY)	NAME		RELATIONSHIP	
Anything else we should know about your child?				
PARENT SIGNATURE				DATE



# Naval District Washington Child & Youth Programs

2691 Mitscher Road, SW  
Washington, DC 20372



## Credit Card Recurring Payment Authorization Form

### Please complete the information below:

I \_\_\_\_\_ authorize NDW Child & Youth Programs to charge my credit card indicated  
(full name printed)

below on the:

\_\_\_\_\_ 1<sup>st</sup> & 15<sup>th</sup> of each month for my child enrolled in Child Development Care/School Age Care  
(Initial)

\_\_\_\_\_ 1<sup>st</sup> of each month for my child enrolled in an Enrichment Program (i.e. Piano, PDPS, Dance)  
(Initial) (Not offered at all Installations)

\_\_\_\_\_ Monday of each week my child is enrolled in Summer Day Camp/Teen Camp/Seasonal Camp  
(Initial)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Amex  Discover

Cardholder Name \_\_\_\_\_

Account Number (last four digits only) \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named merchant to charge the credit card indicated in this form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. To initiate the recurring payments, an initial \$1.00 pre-authorization transaction will appear on your statement. This pending transaction will not settle and will drop off after 5 - 7 business days. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.