NAVAL DISTRICT WASHINGTON
CHILD & YOUTH PROGRAMS
NEW ENROLLMENT CAMP CHECKLIST

Welcome to the Navy Child & Youth Program!

Camp Parent Orientation is scheduled on _____ at _____.
(Date) (Time)

1. **Please read and bring any questions to orientation:**
   - Parent Handbook
   - Fee Policy
   - Supplemental Camp Handbook

2. **Please read, complete, sign, obtain and return these items when you come to camp registration. We cannot accept your child without emergency contacts and required paperwork:**
   - NDW Summer Camp Enrollment Form
   - Navy Child & Youth Program Registration 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.
   - NDW Health and Medical Information Form
   - Navy CYP Profile for Youth (School Age Care 5yrs-12yrs) CNICCYP 1700/07B
   - Navy CYP Auto-Debit Authorization Form CNICCYP 1700/49

     NOTE: This is an auto-debit payment option to pay for camp fees. If not enrolled in this program you will be required to pay a one week deposit at the time of finalizing registration.
   - USDA Forms (applicable to the State USDA program)
   - Family Care Plan (for single parents and dual active duty families only)
   - CY-BMFLC (Child & Youth Behavioral Military & Family Life Counselor) Letter & Consent Form
   - Proof of TFI (Total Family Income)

     NOTE: Your latest LES/Pay Stub and/or proof of Full-Time Student status for both Sponsor and Spouse is needed at the time of registration for all families in Category 1-8 (TFI less than $128,245)

3. **In addition, please bring these items with you when you come to New Parent Orientation**
   - Identified Needs Intake Packet with supporting documentation (if applicable, refer to NDW Health and Medical Information sheet. Ask front desk for a copy):
     - Navy CYP Emergency Action Plan or EAP
     - Navy CYP Medication Administration Form CNICCYP 1700/08 (if applicable)
     - Medical Statement to Request Special Meals and/or Accommodations (if applicable, for required meal accommodations)
     - Optional Documentation:
       - Individualized Educational Program (IEP) (if your child has one)
       - EFMP Enrollment Letter (if military)
       - Current Behavioral support plans (if applicable)

4. **Once your child's Summer Camp Registration has been verified and enrollment has been processed a scheduled time/date to return may be given (if registration cannot be processed the same day) to finalize the following:**
   - Sign Fee Calculation Worksheet (if applicable)
   - Sign Parent Fee Agreement
   - Pay Deposit OR Link to Auto Debit

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NAVAL DISTRICT WASHINGTON
CHILD AND YOUTH PROGRAMS
SUMMER CAMP ENROLLMENT

CHILD'S INFORMATION

Name of Child:_____

Birth Date: _____ Age:_____ Grade: _____

SPONSOR/PARENT INFORMATION

Sponsor's Name:_____

Spouse's Name: _____

CAMP REMINDERS

- Register and pay for the entire camp program to receive a 50% discount on the last week of program fees.
- A 20% reduction of fees (Multi-child Discount) will be applied to each additional child from the same family enrolled in CYP.
- Withdrawal from any week of camp requires two weeks written notice. If two weeks' notice is not provided to CYP, the deposit will be forfeited.
- Auto-Debit and online payment options are available.
- A registration fee equal to one week of camp fees (based on your TFI) is due at the time of registration. If withdrawals are made without two weeks written notice the registration fee is forfeited. If you are enrolled in our Auto-Debiting Program you do NOT have to pay a one week deposit at the time of registration, your camp fee will be charged on each bill date listed below. If withdrawals are made without two weeks written notice by participants of the Auto-Debiting Program you will continue to be charged based on the number of weeks you have committed to. If registration fee is forfeited, and patron wishes to re-register for camp a new registration fee equal to one week is due upon return to the program.

INITIAL BELOW EACH WEEK THE CHILD IS ATTENDING

Week 1: June 15-19 ☐ Week 2: June 22-26 ☐ Week 3: June 29-July 2 ☐

Week 4: July 6-10 ☐ Week 5: July 13-17 ☐ Week 6: July 20-24 ☐

Week 7: July 27-31 ☐ Week 8: August 3-7 ☐ Week 9: August 10-14 ☐

Week 10: August 17-21 ☐

T-SHIRT SIZE

☐ YS ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL

_____ Sponsors Signature

_____ Date

FOR OFFICE USE ONLY

CYMS Enrollment Date _____ *User Initials*_____

Enrolled in Auto-Debiting ☐ Yes ☐ No *User Initials*_____

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NAVY CHILD AND YOUTH PROGRAMS REGISTRATION FORM

START DATE: 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

HOME ADDRESS (Include City and Zip Code)	HOME PHONE
E-MAIL ADDRESS	CELL PHONE

DUTY STATION	DUTY PHONE	PCS DATE

(CIRCLE ONE) SINGLE PARENT DUAL MILITARY FULL-TIME WORKING SPOUSE STUDENT SPOUSE PART-TIME WORKING SPOUSE UNEMPLOYED SPOUSE	IF SPOUSE IS MILITARY (PLEASE CIRCLE) STATUS: ACT RET ENL OFF	BRANCH	RANK/RATE

SPOUSE'S NAME (LAST, FIRST)	PLACE OF EMPLOYMENT	PHONE NUMBER	CELL PHONE

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents) (minimum of TWO (2) LOCAL REQUIRED)

NAME	PHONE NUMBER	RELATIONSHIP

SCHOOL NAME: **GRADE:**

DATE OF LAST MEDICAL EXAM: _____ STATUS ☐ GOOD HEALTH ☐ IF NOT, PLEASE SPECIFY:

ALLERGIES: ☐ YES ☐ NO IF YES, WHAT?

SPECIAL NEEDS: ☐ YES ☐ NO IF YES, EXPLAIN:

SPONSOR AGREEMENT:

Field Trip/Transportation Permission: I hereby grant permission for my child to participate in Navy Child and Youth Program (CYP) sponsored field trips.

- CDC trips may include: walking in the immediate CYP facility area (infants may be transported in a buggy/stroller) or on the military installation. Preschool trips may require bus transportation (CYP or chartered).
- SAC/YP trips may include: bus transportation (CYP or chartered) to and from schools and field trip locations in the metro area. CYP may also offer planned walks in the CYP facility area and on the military installation.
- I understand that Navy CYP will provide advance, written notification of each trip outside the immediate area of the facility.

Media Release:

I hereby grant permission for my child to be included in the use of the following formats for the purpose of education and publicity for the Navy CYP community in perpetuity without further consideration from me:

- photographs, video, and audio used in the CYP facility and media such as: Navy CYP Facebook, military installation website, CNIC CYP website, etc.

Permission is denied for Media Release _____ (Initial Here)

Topical Non-Prescription Product Application:

I hereby grant permission for Navy CYP employees to apply external, topical non-prescription products such as diaper cream, sunscreen, insect repellent, etc. to my child, as needed. If I choose topically applied products that are not supplied by Navy CYP, a Materials Safety Data Sheet will be required for each product.

Permission is not granted for Topical Non-Prescription Product Application _____ (Initial Here)

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.

I have received a copy of and understand the policies contained in the Navy CYP Parent Handbook. Additionally, I understand that I may revoke/invoke any of the above permissions in writing at any time.

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD AND YOUTH PROGRAM (CYP) REPRESENTATIVE TO CALL AN AMBULANCE FOR MY CHILD, _____, ONLY FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME OR MY EMERGENCY DESIGNEES PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT ANY MEDICAL FACILITY.

NAME OF CHILD'S MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ NAME OF INSURED: _____

_____	_____	_____	_____
SPONSOR SIGNATURE	DATE	CYP REPRESENTATIVE SIGNATURE	DATE

PRIVACY ACT STATEMENT:

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.

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

START DATE (YYYYMMDD)_____

NAME OF CHILD (LAST, FIRST, MIDDLE)	SEX	BIRTHDATE (DD/MM/YY)	AGE

SPONSORS NAME (LAST, FIRST, MIDDLE)	RANK/RATE	BRANCH	STATUS: ACT RES CIV CTR

Part B - Identification of Child/Youth Medical/Dietary Needs

1. Please list any Allergies:_____
   a. Epi-pen or other medication required ❒ No ❒ Yes
   b. Other allergic reactions (ex, hives, rash) ❒ No ❒ Yes
2. Food Intolerance (requires food substitution due to food intolerance(s) ex, lactose intolerant) ❒ No ❒ Yes
3. Asthma (Reactive Airway Disease) ❒ No ❒ Yes
4. Medical needs requiring assistance while in care ❒ No ❒ Yes
   Please check all that apply:
   ❒ Blindness/visual problems ❒ Diabetes ❒ Epilepsy
   ❒ Hearing problems ❒ Heart problems ❒ Kidney problems
   ❒ Physical disability ❒ Other chronic medical needs

   Briefly describe the type of assistance your child will need while in care:
   _____
   _____
   _____

5. Child requires medication while in care ❒ No ❒ Yes

*** QUESTIONS 1-5 MAY REQUIRE ADDITIONAL DOCUMENTATION- SEE INSTRUCTIONS ON REVERSE**

6. Other needs requiring assistance while in care ❒ No ❒ Yes
   Please check all that apply:
   ❒ Communication (ex, speech/language delay) ❒ Social-emotional (ex, anxiety disorder)
   ❒ Behavior (ex, oppositional defiant disorder) ❒ Developmental (ex, autism spectrum disorder)
   ❒ Learning and attention (ex, Attention-Deficit Hyperactivity Disorder)

   Briefly describe the type of assistance your child will need while in care:
   _____
   _____

Part C - Early Intervention and Special Education

Child is receiving services through an 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

I acknowledge that all the above information is true and accurate. I understand that I must report any 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).

_____ _____

Sponsor's Signature **Date**

(SEE INSTRUCTIONS ON REVERSE)

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

Part A- General Information

Start Date: Print the date of when the child will start care.

Name of Child: Print the name of the child to whom the information pertains.

Sex: Print the sex of the child.

Birthdate: Print the date of birth of the child.

Age: Print the age of the child.

Sponsors Name: Print the name of the sponsor.

Rank/Rate: Print the Rank/Rate of the sponsor.

Branch: Print the Branch of military the sponsor belongs to.

Status: Circle the military Status of the sponsor:

ACT= Active Duty RES= Activated Reservist CIV=DoD Civilian CTR= DoD Contractor

Part B- Identification of Child/Youth Needs

1. **Please list any Allergies:** List all Allergies of the child. Include food allergies, especially requiring food substitutions.
   A. **Epi-pen or other medication required:** Answer "yes" or "no" if an Epi-pen or other medication, if CYP will be required to administer the medication.
   B. **Other allergic reactions (ex, hives, rash):** Answer "yes" or "no" if applicable.

   If answered "yes" to either A or B an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child's physician may be used) AND a Medication Administration Form completed by the child's physician is required. IF child has known food allergies, a CYP Medical Statement to Request Special Meals and/or Food Substitutions Form completed by the child's physician is also required.
2. **Food Intolerance:** Answer "yes" or "no" as applicable. Examples include: lactose intolerant, gluten intolerant.

   If answered "yes" a CYP Medical Statement to Request Special Meals and/or Food Substitutions Form completed by the child's physician is required.
3. **Asthma (Reactive Airway Disease):** Answer "yes" or "no" if applicable.

   If answered "yes" an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child's physician may be used) AND a Medication Administration Form completed by the child's physician is required.
4. **Medical needs requiring assistance while in care:** Answer "yes" or "no" and check all boxes applicable then briefly describe the type of assistance that will be needed, if applicable.

   If answered "yes" , an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child's physician may be used) completed by the child's physician is required.
5. **Child requires medication while in care:** Answer "yes" or "no" as applicable.

   If answered "yes" a Medication Administration Form is required.
6. **Other needs requiring assistance while in care:** Answer "yes" or "no" and check all boxes applicable then briefly describe the type of assistance that will be needed, if applicable.

Part C- Early Intervention and Special Education

Early Intervention and Special Education: Answer "yes" or "no" as applicable.

If answered "yes" a parent may provide an Individual Family Service Plan (IFSP)/ Individualized Educational Program (IEP).

Exceptional Family Member Program (EFMP) Enrollment: Answer "yes" or "no" as applicable.

If answered "yes" a parent may provide the EFMP Enrollment Letter.

Sponsor's Signature: Signature of Sponsor.
Date: Date sponsor signed form.

DEFINITIONS:

"Food Allergy" When a child has a food allergy, his or 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 & Gluten.

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

YOUTH INFORMATION – DETAILED
What things do you do with your family for fun? What is your favorite family activity and why?
What things do you do with your friends for fun? What is your favorite activity to do with your friends and why?

NAVY CHILD AND YOUTH PROGRAM
YOUTH AND FAMILY PROFILE

YOUTH INFORMATION – DETAILED
What activities do you like to do alone? What is your favorite activity to do alone and why?
What kinds of foods do you like to eat?
How would you describe your friends?
What activity have you never done but would like to try?
Describe your special talents.
What kinds of chores do you do at home?
Do you like sports? If so, which ones?
What is your favorite subject in school?

NAVY CHILD AND YOUTH PROGRAM
YOUTH AND FAMILY PROFILE

YOUTH INFORMATION – DETAILED
Do you have a favorite teacher at school? Why is s/he your favorite?
Do you have a hero or someone you look up to and admire? If so, who is it and why?
What else you would like to tell us about yourself?

FAMILY INFORMATION – OPTIONAL FOR PARENTS TO COMPLETE
Please describe some of your favorite activities to do as a family.
Please describe special events your family celebrates and what those celebrations might include.
Are there things from home that are special to the family that you would be willing to share? (e.g., family recipes, traditions, etc.)
Are there any special skills and talents that members of your family might contribute to the program?
Is there anything else that you would like us to know about your family?

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 ☐ Attending a CYP sponsored parent education event ☐ Making educational materials ☐ Reading books to 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

NAVAL DISTRICT WASHINGTON
CHILD & YOUTH PROGRAMS
CHILD & YOUTH BEHAVORIAL MILITARY & FAMILY LIFE COUNSELING

FROM: Naval District Washington Child & Youth Programs
SUBJECT: Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Agencies (LEA), DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps

2. The CYB-MFLC may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
   - Observe, participate and engage in activities with children and youth
   - Provide direct interaction with military children
   - Model behavioral techniques and provide feedback
   - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills
   - Outreach to military parents when they drop off or pick up their children or at family events
   - Available for military parents to contact for guidance and support
   - Facilitate psycho-educational groups
   - Conduct training for staff and parents
   - Recommend referrals to military social services and other resources as needed

3. CYB-MFLCs may assist military parents, military children and centers with the following issues:
   Communication Self- esteem/self-confidence
   Resolving conflicts Behavioral management techniques
   Bullying Helping children deal with angry feelings Sibling/parental relationships Deployment and reintegration issues

4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.

5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.

6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.

7 The counselor may use only use OSD approved materials for trainings, groups, and any other activities.

NAVAL DISTRICT WASHINGTON
CHILD & YOUTH PROGRAMS
CHILD & YOUTH BEHAVORIAL MILITARY & FAMILY LIFE COUNSELING

Name of installation and/or CYP, school, summer program, and camp_____

I acknowledge that a CYB-MFLC is available and authorize my child _____ to receive CYB-MFLC support.

_____ _____
SPONSOR SIGNATURE DATE

I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child_____ to receive CYB-MFLC support.

_____ _____
SPONSOR SIGNATURE DATE

NAVY CYP AUTO-DEBIT AUTHORIZATION FORM

Please complete the information below:

I _____ authorize Navy Child & Youth Programs to charge my credit card indicated below on the*:*
(Print full name)

_____ 1st & 15th of each month for my child enrolled in Child Development Center/School Age Care
(Initial)

_____ 1st of each month for my child enrolled in Enrichment Programs *(Not offered at all Installations)*
(Initial)

_____ Monday of each week my child is enrolled in SAC Summer Camps or Youth Seasonal Camps
(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 Navy CYP 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 my 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.