



NAVY CHILD AND YOUTH PROGRAM REGISTRATION FORM 1700/04

| | | | | | | | | |
|--|---|--|---|---|--|---|---|--|
| Start Date (MM/DD/YY): | | | | Requiring Directive OPNAVINST 1700.9 | | | | |
| Child's Name (Last, First, Middle): | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Birthdate (MM/DD/YY): | | Age: | |
| Name of Child's School (if applicable): | | | | | Child's School Grade Level (if applicable): | | | |
| Registering for: | <input type="checkbox"/> CDC <input type="checkbox"/> CDH | <input type="checkbox"/> 24/7 Center | <input type="checkbox"/> SAC <input type="checkbox"/> YP | Type of Care: | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Part-Day Enrichment | <input type="checkbox"/> Hourly Care <input type="checkbox"/> Before School <input type="checkbox"/> After School | <input type="checkbox"/> Before & After School <input type="checkbox"/> Camp | |
| Sponsor's Name (Last, First, Middle): | | | Rank/Rate: | | Branch: | | Status: <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> RES | <input type="checkbox"/> CIV DoD <input type="checkbox"/> CTR <input type="checkbox"/> COM CIV |
| Home Address (include city and zip code): <input type="checkbox"/> Lives on base <input type="checkbox"/> Lives off base | | | | | | | | |
| Home Phone (include area code): | | | Cell Phone (include area code): | | | Email Address: | | |
| Duty Station/Place of Employment (include address, city, and zip code): | | | | | Work Phone: | | PCS Date (if known/applicable; MM/DD/YY) | |
| Family Type: | <input type="checkbox"/> Single Parent Military <input type="checkbox"/> Dual Military | <input type="checkbox"/> FT Working Spouse <input type="checkbox"/> PT Working Spouse | <input type="checkbox"/> Student Spouse <input type="checkbox"/> Unemployed Spouse | If Spouse is Military: | Branch: | | Rank/Rate: | |
| Spouse's Name (Last, First, Middle): | | | | | | | | |
| Spouse's Work Phone (include area code): | | | Spouse's Cell Phone (include area code): | | | Spouse's Email Address: | | |
| Does child have sibling enrolled in another CY program: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "yes," child's name and program (if more than one child is enrolled, list all children and their programs): | | | | | | |
| Emergency Notification Contacts: These individuals will be contacted in case of an emergency when the parent cannot be reached. They are authorized to pick up the child in emergency and non-emergency situations. (At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible) | | | | | | | | |
| Name | | Relationship to Child | | Cell Phone | | Home Phone | | Work Phone |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (OPTIONAL) Non-emergency Authorized Release/Pick Up Contacts: These individuals are authorized to pick up the child, but will not be contacted for emergency situations. | | | | | | | | |
| Name | | Relationship to Child | | Cell Phone | | Home Phone | | Work Phone |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Consent for Ambulance for Emergency Care: I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, _____, in case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to transport. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

| | | | | | | | |
|---|--|---|--|--|--|----------------------------------|--|
| Name of Child's Medical Insurance Co.: | | Policy/Grp. # (not needed for Active Duty): | | Name of Policy Holder: | | Name of Child's Physician/Phone: | |
| SIGN HERE Sponsor's Consent for Ambulance for Emergency Care and Date: | | | | | | | |
| SIGN HERE Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge) | | | | CYP Representative Signature and Date (Signature indicates the CYP Professional has reviewed the registration form and verified the family's eligibility and priority type) | | | |

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.



NAVY CHILD AND YOUTH PROGRAM REGISTRATION FORM 1700/04

INSTRUCTION PAGE

For all programs:

1. A separate registration form shall be completed for each child who is being registered.
2. The parent shall complete all the applicable information about the family and/or child.
3. The parent shall select the program(s) and types of care for which the child is being registered: Child Development Center (CDC), Child Development Home (CDH), 24/7 Center, School Age Care (SAC), Youth Program (YP) and/or Youth and Sports Fitness (YSF).
4. For the "Status" blocks, check any category that applies to the status of sponsoring parent and/or military spouse, if applicable (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).
5. All families **must** provide at least two local emergency contacts who will be contacted in case of an emergency if a parent cannot be reached. Emergency contacts are also authorized to pick the child up from care in non-emergency situations.
6. Non-emergency authorized release/pick up contacts are optional (i.e., families are not required to provide non-emergency authorized release/pick up contacts). If the family chooses to provide non-emergency authorized release/pick up contacts, those listed as such will be authorized to pick the child up from care, but will not be contacted for emergency situations unless they are also listed as an emergency notification contact in the emergency notification contact section.
7. After completing the form, the parent(s) must sign and date all required signature blocks. This is the sponsor's verification that all information is correct and validates the agreement to allow transport for medical or other types of emergencies.
8. If information becomes outdated during the year (before the next year's annual registration), the family may cross out the incorrect or outdated information and write in ink the new updated information. The parent(s) must initial and date any updated information on the form.
9. Annually, a new form shall be completed, signed, and dated.
10. All "outdated" registration forms shall be kept on file for one additional year (e.g., the 2014 registration form must not be purged until the end of 2015).
11. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature box as witness to the parent's signature and date.
12. Medical insurance policy numbers are not required by the CYP for parents who are active duty. Social security numbers are used to identify the military member for medical and insurance purposes and should not be collected.
13. The original Navy CYP Registration Form (CNICCYP 1700/04) shall be kept in the Emergency Registration Binder. This binder shall be maintained in an easily accessible location.
14. Emergency information for all children must be maintained at all times and readily accessible in a portable file to be taken outside in case of emergency or during an evacuation drill, along with the daily sign-in sheet and classroom Inclusion Support Plan Binder (for identified/medical needs). The portable file may be a CYMS report of all children and their emergency information or the Emergency Registration Binder (which includes all children's original registration forms). A portable file, with emergency information for all children, and the classroom Inclusion Support Plan Binder must also be taken on each field trip or whenever children are transported.

For Child Development Homes (CDH)

1. CDH Providers shall maintain the original Navy CYP Registration Form for each child in the home. Form shall be kept in an easily accessible location for emergency contact or evacuation purposes.
2. The CDH office shall maintain an alphabetized binder with a current copy of each child's Navy CYP Registration Form for each child enrolled in the CDH program. Forms shall be kept in an easily accessible location for emergency contact or evacuation purposes.



NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

| | | | |
|---------------------------------------|---|---|------|
| Start Date (MM/DD/YY): | | Requiring Directive OPNAVINST 1700.9 | |
| Child's Name (Last, First, Middle): | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate (MM/DD/YY): | Age: |
| Sponsor's Name (Last, First, Middle): | | | |

SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the CYP in that they enhance my child's experience with the CYP. CDC and CDH field trips may include walking in the immediate CYP and CD home surroundings (infants may be transported in a buggy/stroller) or on the military installation. Some preschool trips may require bus or other vehicle transportation, either in a CYP vehicle or a chartered vehicle or bus. YP field trips may include transportation via a CYP-operated or chartered vehicle or bus to and from schools and field trip locations in the surrounding areas. The YP may also offer excursions within walking distance of the CYP facility and military installation.

INITIAL HERE Sponsor's Initials and Date of Acknowledgement: _____

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for CYP Professionals to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc. If I choose topically applied products with which the CYP is not familiar, a Materials Safety Data Sheet will be required for each product.

INITIAL HERE Sponsor's Permission and Date: _____ Sponsor **Denied** Permission and Date: _____

Media Release: I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the CYP community without further permission from me—photographs, video, and audio recordings used in the CYP facility and media such as social media (e.g., Facebook, Twitter), military installation website, CNIC CYP website, etc. I have listed below any exceptions to this release (e.g., "Pictures of my child may be posted in center, but may not be posted or published anywhere outside of the center." Or, "My child may have his picture taken, but I do not want him to be videotaped.")

Exceptions (list any exceptions to the media release; if none, enter "None"):

INITIAL HERE Sponsor's Release and Date: _____ Sponsor **Denied** Release and Date: _____

Acknowledgement of Receipt of the Navy CYP Parent Handbook: I have received and understand the policies contained in the Navy CYP Parent Handbook.

INITIAL HERE Sponsor's Initials and Date: _____

Acknowledgement of Revocation or Invocation of Any of the Above Permissions or Releases: I understand that I may revoke or invoke any of the above permissions or releases in writing at any time. If I choose to revoke or invoke a permission or release, it is my responsibility to provide written notification to the CYP requesting the revocation or invocation.

INITIAL HERE Sponsor's Acknowledgement of Permission/Release Revocation or Invocation and Date: _____

Hold Harmless Release: 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.

INITIAL HERE Sponsor's Hold Harmless Release and 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 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.



NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

INSTRUCTION PAGE

For all programs:

1. Separate permission statements shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. The parent(s) must initial and date all permissions, releases, and acknowledgements. This is the sponsor's confirmation that he/she agrees with the statements.
4. Annually, a new permission statement form shall be completed, initialed, and dated.
5. All "outdated" permission statements shall be kept on file for one additional year (e.g., the 2014 form must not be purged until the end of 2015).
6. The original Navy CYP Permission Statements Form (CNICCYP 1700/15) shall be kept in the child's administration file.



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

| | | | |
|---------------------------------------|------|-----------------------|------|
| Child's Name (Last, First, Middle): | Sex: | Birthdate (MM/DD/YY): | Age: |
| Sponsor's Name (Last, First, Middle): | | | |

SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

| PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS | | | | | | | | | | |
|--|---|--|-----------------------------------|--|---|---|--|--|-----------------------------------|-------------------------|
| <i>(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)</i> | | | | | | | | | | |
| 1. | Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list these foods. | | | | | | | | | |
| 2. | Does your child suffer from other allergies or allergic reactions (e.g., seasonal hay fever, bee stings, hives, rashes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the allergies/allergic reactions. | | | | | | | | | |
| 3. | Is your child allergic to any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the medication(s). | | | | | | | | | |
| 4. | If you answered "yes" to any of the above questions, please describe the reaction that your child experiences. | | | | | | | | | |
| 5. | Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the medication(s) and how often your child takes the medication. | | | | | | | | | |
| 6. | Will your child need to take medication while in care at the CYP? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please list the medication your child will need to take while in care at the CYP. | | | | | | | | | |
| 7. | Does your child require an Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe when your child might need an Epi-pen. | | | | | | | | | |
| 8. | Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please describe: | | | | | | | | | |
| 9. | Does your child have asthma (Reactive Airway Disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| 10. | Does your child have any medical needs that require assistance while in care? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please check all that apply below. <table border="0"><tr><td><input type="checkbox"/> Blindness/visual problems</td><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Kidney problems</td></tr><tr><td><input type="checkbox"/> Hearing problems</td><td><input type="checkbox"/> Heart Problems</td><td><input type="checkbox"/> Other chronic medical needs</td></tr><tr><td><input type="checkbox"/> Physical disability</td><td><input type="checkbox"/> Epilepsy</td><td>(describe below in #11)</td></tr></table> | <input type="checkbox"/> Blindness/visual problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other chronic medical needs | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Epilepsy | (describe below in #11) |
| <input type="checkbox"/> Blindness/visual problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney problems | | | | | | | | |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Other chronic medical needs | | | | | | | | |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Epilepsy | (describe below in #11) | | | | | | | | |
| 11. | If you checked "other chronic medical needs" in #10 above, please briefly describe your child's chronic medical needs. | | | | | | | | | |
| 12. | Briefly describe any type of assistance your child will need while in care. If your child will not require any type of assistance while in care, indicate "None." | | | | | | | | | |



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

PART B: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

13. Check any of the following needs that your child may need assistance with while in care:

- | | |
|--|---|
| <input type="checkbox"/> Communication (e.g., speech/language delay) | <input type="checkbox"/> Social/emotional (e.g., anxiety disorder) |
| <input type="checkbox"/> Behavior (e.g., oppositional defiant disorder) | <input type="checkbox"/> Developmental (e.g., autism spectrum disorder) |
| <input type="checkbox"/> Learning and attention (e.g., attention-deficit hyperactivity disorder) | |

14. If you checked any boxes in #13, briefly describe the type of assistance your child will need while in care.

PART C: EARLY INTERVENTION AND SPECIAL EDUCATION

15. Is your child receiving services through an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?

☐ Yes ☐ No

PART D: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

16. Is your child enrolled in the EFMP? ☐ Yes ☐ No

I acknowledge that all the above information is true and accurate. I understand that I must immediately report any changes in my child's health or other needs to the CYP so that the staff can keep my child safe and healthy and provide the best possible care. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

SIGN HERE

Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)

SIGN HERE

CYP Professional's Signature and Date (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

| | | | |
|--|--|--|--|
| <i>Sponsor's Initials and Date:</i> _____ | <i>Sponsor's Initials and Date:</i> _____ | <i>Sponsor's Initials and Date:</i> _____ | <i>Sponsor's Initials and Date:</i> _____ |
|--|--|--|--|

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 your child's overall health and needs that may affect his/her care at the CYP.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

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.

NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

INSTRUCTION PAGE

1. Answer “yes” if your child has any food allergies. Please list any food allergies (see definitions at the bottom of the page) which require food substitutions. 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 CYP Medical Statement to Request Special Meals and/or Food Substitutions form completed by the child’s physician is also required.
2. Answer “yes” if your child has any other allergies or allergic reactions, then list the allergies/allergic reactions. An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP), (or a current EAP from your child’s physician may be used) will be required (completed and signed by your child’s physician).
3. Answer “yes” if your child is allergic to any medication(s), then list the medications. An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child’s physician may be used) will be required (completed and signed by your child’s physician).
4. If you answered “yes” to Questions 1, 2, or 3, please describe the allergic reactions your child may have if exposed to the allergen.
5. If your child takes any medications, list the medications your child takes and how often he/she takes the medication(s).
6. If your child will require medication while in care at the CYP, answer “yes,” then list the medication. If you answer “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.
7. Answer “yes” if your child needs an Epi-pen, and if CYP staff will need to use it for the child. Describe the type of situation when an Epi-pen might be needed. If you answer “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.
8. Answer “yes” if your child has any food intolerances (see definitions at the bottom of the page) that require food substitutions. If “yes” is entered, provide a short description of the child’s food intolerance (e.g., lactose intolerant, gluten intolerant). If you answer “yes,” your child’s physician must complete a CYP Medical Statement to Request Special Meals and/or Food Substitutions Form before any food substitutions can be made for your child.
9. If your child has asthma (reactive airway disease), answer “yes.” If the answer is “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.
10. If your child has medical needs that require assistance while in care, answer “yes.” If the answer is “yes,” check all of the boxes that apply. If you answer “yes” to this question, 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 (if your child will need medication while in care) completed by the child’s physician is required.
11. If “Other chronic medical needs” is checked in Question #10, provide a brief description.
12. Provide a short description of any type of assistance your child will need.
13. Check any of the boxes applicable for any other types of assistance your child may need while in care.
14. Provide a brief explanation of any support your child will need while in care to address the areas answered in Question #13 (or indicate “None”).
15. Answer “yes” if your child is receiving services through an IFSP or IEP. If the answer is “yes,” you should provide a copy of your child’s IFSP/IEP so that we can best support his/her needs.
16. Answer “yes” if your child is enrolled in the EFMP. If the answer is “yes,” you may wish to provide the EFMP Enrollment Letter for your child’s file.

Definitions:

Food Allergy—When a child has a food allergy, his/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 and gluten.



NAS JACKSONVILLE
2016 Swimming Registration Form



Date: _____

Date of Last Physical: _____

Child's Information:

Name: _____ Date of Birth: _____ Age: _____
(Last, First, MI) (MM/DD/YY)

Gender: M / F

Allergies/Medication/Special Needs: _____

Household information:

Military Sponsor: _____ Duty Station: _____ Grade/Rank: _____

Spouse: _____

Address: _____

Home Phone #: _____ Cell #: _____ Work #: _____

E-Mail Address: _____

Emergency Contacts: (Please list two contacts, other than yourself or spouse.)

1. _____ 2. _____
(Name & Number) (Name & Number)

Parent/Guardian Signature: _____ Date: _____

Session Fees: Session 1 June 6th – July 30th 2016 \$50

Method of Payment: Payments can be made via Credit Card or Cash. Session Fees will not be pro-rated for late Registration.

For any questions, concerns or comments please contact Jason McKenzie, Youth Activities Center Director at 904-778-9772 or by email at Jason.m.mckenzie@navy.mil