

# CHILD AND YOUTH SERVICES (CYS) REGISTRATION CARD

(The proponent for this form is DCA)

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, United States Code, Section 3013

**PURPOSE(S):** To provide child and family eligibility and background information;; sponsor consent for access to emergency medical care; date required by USDA food program.

**ROUTINE:** Information is furnished to the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent. Information on immunizations and medical problems will be used as part of the program admission screening procedure. Family income data will be Used to determine USDA food program qualifications and rate structures.

**DISCLOSURE:** Disclosure of required information is voluntary; however if information is not provided, individuals may not be allowed to participate in CYS programs.

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

<b>NAME OF SPONSOR</b>	<b>GRADE</b>	<b>SSN</b>	<b>SERVICE</b> <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> CIV	<b>SOLE PARENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>HOME ADDRESS/SPONSOR</b>	<input type="checkbox"/> Off post <input type="checkbox"/> On post	<b>Home Phone:</b> <b>Duty Phone:</b>	<b>DUTY ADDRESS</b>	
<b>NAME OF SPOUSE</b>	<b>GRADE</b>	<b>SSN</b>	<b>DUTY ADDRESS</b>	
<b>HOME ADDRESS/SPOUSE</b>	<input type="checkbox"/> Off post <input type="checkbox"/> On post	<b>Home Phone:</b> <b>Duty Phone:</b>	<b>SERVICE</b> <input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> CIV	<b>DUAL MILITARY SPONSOR</b> <input type="checkbox"/> YES

<b>EMERGENCY CHILD RELEASE/NOTIFICATION DESIGNEE</b>	<b>HOME PHONE</b>	<b>DUTY PHONE</b>
<b>EMERGENCY CHILD RELEASE/NOTIFICATION DESIGNEE</b>	<b>HOME PHONE</b>	<b>DUTY PHONE</b>
<b>EMERGENCY CHILD RELEASE/NOTIFICATION DESIGNEE</b>	<b>HOME PHONE</b>	<b>DUTY PHONE</b>

<b>FAMILY SIZE</b>	<b>FEE CATEGORY/GROSS INCOME</b>	<b>MULTIPLE CHILD DISCOUNT</b> <input type="checkbox"/> FULL DAY <input type="checkbox"/> HOURLY <input type="checkbox"/> FCC <input type="checkbox"/> SAS <input type="checkbox"/> PART DAY
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<b>CHILD'S NAME</b>	<b>BIRTHDATE</b>	<b>SEX</b>
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VACCINES	DATE	DATE	DATE	DATE	DATE	DATE
<b>DPT/ TETRAMUNE</b>						
<b>TOPV / IPV</b>						
<b>MMR</b>						
<b>TB SKIN TEST DATE / RESULTS</b>						
<b>HEP B / ENERGIX-B</b>						
<b>HIB</b>						

**CURRENT GRADE IN SCHOOL / NAME OF SCHOOL**

**PROGRAM:** FULL DAY \_\_\_\_\_ HOURLY \_\_\_\_\_ FCC \_\_\_\_\_ SAS \_\_\_\_\_ PART DAY \_\_\_\_\_ MST \_\_\_\_\_

**SPORTS** \_\_\_\_\_ **INSTRUCTIONAL CLASS** \_\_\_\_\_ **STACC** \_\_\_\_\_

