

Fort Campbell CY5 Registration Form

	Sponsor: (Senior member in years of service if Dual military)	Spouse:		
Full Name: Last, First				
Unit/Company Employer:				
Status: (Circle One)	Army / Air Force / Marine / Navy / Coast Guard / Reserves / National Guard / CDC / SAC / MST / YSF / Other	Army / Air Force / Marine / Navy / Coast Guard / Reserves / National Guard / CDC / SAC / MST / YSF / Other		
Select One:	☐ Full-Time ☐ Part-Time ☐ Flex	☐ Full-Time ☐ Part-Time ☐ Flex		
Rank/Position:				
Cell Number:				
Provider:				
Military/Work Email:				
Personal Email :				
Home Address		(if same address, print "same")		
Minumum of 2 Emergency Contacts. (Please check box if the person listed is allowed to pick-up your child/youth)	Please List Name, Phone Number and Relation to Child/Youth			
		☐		☐
		☐		☐
		☐		☐
		☐		☐
Child Information (Oldest to Youngest)				
DOB: MM/DD/YYYY	Age	Full Name: Last, First	School	Grade
Print: _____ Sign: _____ Date: _____				Staff Initials:

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING TOOL

For use of this form, see AR 608-75; the proponent agency is OTSG.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Services Program.

Part A - General Information

1. Child's Name		2. Date of birth (YYYYMMDD)
3. Family member prefix		
4. Type of placement requested		5. Date (YYYYMMDD)
6. Sponsor name		
7. Spouse name		
8. Home phone	9. Duty phone	10. Cell phone

Part B - Identification of Child/Youth Condition/Restrictions

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

1. Allergies	
☐ No	☐ Yes (explain)
a. Life threatening reaction	
☐ No	☐ Yes (explain)
b. Epi-pen required	
☐ No	☐ Yes
c. Other allergic reactions (hives, rash, diarrhea)	
☐ No	☐ Yes
2. Asthma reactive airway disease	
☐ No	☐ Yes (explain)
a. Triggers exist for child's asthma attacks (stress, environmental, exercise)	
☐ No	☐ Yes (explain)
b. Child routinely (greater than 10 days per month/four months per year) uses inhaled anti-inflammatory agents and/or bronchodilators	
☐ No	☐ Yes (explain)
c. Child has taken steroids during the past year (prednisone, prednisolone)	
☐ No	☐ Yes (indicate number of days in past year)

d. Child has experienced unconsciousness or seizures associated with asthma attacks	☐ No	☐ Yes (explain)
e. Child required an urgent visit to emergency room or clinic for acute asthma within the last 12 months	☐ No	☐ Yes (indicate number of visits in the past year)
f. Child has been hospitalized for asthma related condition in the past six months	☐ No	☐ Yes (explain)
3. Attention Deficit Disorder (ADD)	☐ No	☐ Yes
a. ADD with hyperactivity	☐ No	☐ Yes
b. Is not well controlled with medication	☐ No	☐ Yes (not well controlled)
c. Behavioral/conduct concerns	☐ No	☐ Yes (explain)
4. Autism	☐ No	☐ Yes
5. Behavioral/conduct concerns (for example, oppositional defiant disorder, anxiety disorder, school phobias)	☐ No	☐ Yes (explain)
6. Blindness/visual problems	☐ No	☐ Yes (explain)
7. Diabetes	☐ No	☐ Yes (explain)
8. Emotional problems that require care by a psychiatrist, psychologist or social worker	☐ No	☐ Yes (explain)
9. Epilepsy	☐ No	☐ Yes (explain)
10. Hearing problems	☐ No	☐ Yes (explain)
11. Heart problems	☐ No	☐ Yes (explain)
12. Kidney problems	☐ No	☐ Yes (explain)
13. Speech/language delay	☐ No	☐ Yes (explain)
14. Physical disability	☐ No	☐ Yes (explain)
15. Dietary restrictions	☐ No	☐ Yes (explain)

16. Assistance with activities of daily living

☐ No

☐ Yes (explain)

17. Other conditions

☐ No

☐ Yes (specify and explain)

Part C - Medications

Child is on medications on a regular basis

☐ No

☐ Yes (If yes, please list medications and indicate which require administration during child care hours.)

Part D - Early Intervention and Special Education

Child has 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 (specify for what condition)

I authorize _____ (name of Medical Treatment Facility or physician's practice) to release any medical information regarding my child _____ (name of child) to the _____ (name of installation) Child Youth Services (CYS)/Special Needs Accommodation

Process (SNAP) personnel and their staff that is necessary to conduct SNAP review. This authorization will remain in effect for one year. I understand I may revoke this consent in writing at any time before expiration, but any action taken by the CYS/SNAP in reliance on this authorization prior to revocation is valid and will remain in effect.

I understand that information disclosed pursuant to this authorization is For Official Use Only (FOUO) and may be subject to redisclosure. I understand that information redisclosed is no longer protected by DoD 6025.18-R; however, confidentiality of this information will remain protected by the Privacy Act of 1974, 5 U.S.C. section 552a.

The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Signature of Parent or Personal Representative of Child

Date (YYYYMMDD)

LIABILITY WAIVER

Ft Campbell CYS
2701 Michigan Ave
Fort Campbell KY 42223

Phone: (270)798-0674

Participant: _____

Guardian: _____

MEMORANDUM FOR RECORD

SUBJECT: Child and Youth Services (CYS) Statements of Understanding and Medical Consent Statement

1. Data Required by the Privacy Act of 1974
2. Authority. Title 10, United States Code, section 3012.
3. Principal Purpose. Information is used by DA personnel to: (1) provide Child and Family program eligibility and background information, (2) develop programs meeting needs of Children and Families, (3) ensure appropriate placement of Child, (4) identify contingency plan for Child illness, (5) identify emergency designees, and (6) collect data required by USDA food program.
4. Routine Uses. Information on immunization 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 qualification and rate structures. Medical consent 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.
5. Disclosure. Disclosure of requested information is voluntary. However, if information is not provided, individuals may not be allowed to participate in Child and Youth Services (CYS) programs.
6. Statements of Understanding.
 - a. I have received the CYS Parent Handbook and will abide by all policies.
 - b. I acknowledge that CYS facilities are under video surveillance.
 - c. I have reviewed the Household and Family information file. To the best of my knowledge, the information provided to CYS is accurate and complete.
7. Medical Consent Statement.
 - a. I give consent by signing this agreement, for an authorized Child and Youth Services (CYS) representative to take my Child for care, medical or dental, in an emergency situation when the child's condition represents a serious or imminent threat to his/her life, health, or well-being.
 - b. I understand that a conscientious effort will be made to notify me before such action.
 - c. I will pay any expenses incurred

PARENT SIGNATURE

DATE

(Registration Expires Annually)

KOS Registration Packet Hold Harmless Agreement

One form per Family

Children's Names and Ages:

- By signing this form I release the U. S. Army and the National Association of Child Care Resource & Referral Agencies (NACCRRRA) and/or their employees, contractors, volunteers, affiliates, subsidiaries, officers, or directors from any and all claims, losses including injury or death, liabilities, damages, expenses and costs including reasonable attorney fees and court costs, arising out of or resulting from the acts, errors, omissions, breach of representation or misrepresentations made in connection with my responsibilities during this event.
- By signing this form I understand that Kids on Site! provides legally license-exempt care. Because Kids on Site! offers temporary child care with parents on the premises, the requirements are different than in licensed child care facilities. Parents/guardians maintain some responsibility for their children in this type of care and must remain on-site at all times. Parents/guardians will assist Kids on Site! in the event of an emergency.
- I understand that Kids on Site! and the Army may take photos or video today to use in photographic or multimedia materials. I grant Kids on Site! and the Army and its associated staff and subordinate entities to take, use, reproduce, assign, and/or distribute photographs, films, non-confidential information, videotapes, DVDs, and sound recordings of the youth representatives, for use in any such materials as Kids on Site! or the Army or its associated entities may create, without any payment or further approval by me. I concur that there shall be no payment for such use.
- I understand that Kids on Site! is not responsible for lost items. If my child(ren) can not adjust, or presents a disciplinary problem that Kids on Site! staff can not resolve, then my child(ren) may be removed from the program. I also understand that Kids on Site! staff are obligated to report any cases of suspected child abuse and/or neglect.

Parent/Guardian Signature:

Date: