

Camp Zama Child, Youth & School Services Registration Form

Date of last physical: _____

Registration Expiration date: _____

Data Required by the Privacy Act of 1974
(For use of this form, see AR 608-10; the proponent agency is ACSIM)

Authority: Title 10, United States Code, Section 3013. **Purpose(s):** To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program. **Routine:** Information is furnished 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 CYSS 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. CYSS programs participating in the USDA Food Program shall offer meals without physical segregation of, or discrimination, against any child regardless of ability to pay.

Sponsor and Child Information

Sponsor: _____ **SSN: (last 4)** _____
 (Last) (First)

Spouse: _____ **SSN: (last 4)** _____
 (Last) (First)

Child Name: _____ **Birthday:** _____ **Male** ___ **Female** ___ **Grade:** ___
 (Last) (First)

Mailing Address: _____

Sponsor Work Phone: _____ **Home Phone:** _____ **AKO/Work Email:** _____

Spouse Work Phone: _____ **Home Phone:** _____ **Email:** _____

Parent/Guardian Consent

I _____ (parent/guardian) of _____ give consent for an authorized CYSS representative to take my child(ren) for care, medical or dental, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well being. I understand a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at an Army Medical Facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-19.

Information

I received a CYSS Parent Handbook	YES / NO
My child may participate in field trips with prior knowledge	YES / NO
I give permission to use audio/video/photos of my child for the media with prior Knowledge	YES / NO
The family and household information that I have provided, is accurate and complete	YES / NO

Sport Registrations Parents' Code of Ethics

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other sports event. I will place the emotional and physical well-being of my child ahead of a personal desire to win. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all. I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol. I will remember that the game is for youth not adults. I will do my very best to make youth sports fun for my child. I will expect my child to treat other players, coaches, fans and officials with respect. The undersign agree to indemnify and will hold harmless the Morale, Welfare and Recreation fund from any and all costs, charges, claims, demands, and liabilities of any kind arising from improper negligent use of, participation in, or involvement with MWR facilities, equipment, services or programs.

Sole and Dual Military Family Care Plan

I understand that as prescribed by AR 600-20 and AR 608-10, I am required to maintain an accurate Family Care Plan for my dependent child (dren). I am also aware that I must provide CYSS with completed, approved and verifiable FCP within 30 days from the date of registration or services may be denied. I understand that I will provide updated information annually or more frequently in order to maintain accurate information.

Sponsor/Parent Signature & Date: _____

Emergency Notification and Child Release Designee	Home Phone	Work Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature of Parent/Guardian & Date: _____

CYSS Program (please circle)

CDC (Full/Part Day)
 Sports
 YS
 SAS
 SKIES
 Hourly
 Camp

ARMY CHILD AND YOUTH SERVICES HEALTH SCREENING TOOL

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

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

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

INTERNET USAGE - PARENT CONSENT

I, _____, the parent/legal guardian of

Do hereby give permission and consent for him/her to have access to the internet in the Camp Zama Youth Center tech lab. All members who desire and are authorized use of the internet in the computer lab by their parent/legal guardian are required to complete an internet safety training class. While this and other safety precautions are required for all Child, Youth & School (CYS) Services facilities, it is possible that a youth may access inappropriate sites through the internet. The Camp Zama Youth Center has established and posted rules, including consequences for violations. Consequences may include loss of access and other privileges for specific periods based on the seriousness of any incident .

CIRCLE ONE My child may

YES NO have my permission to access the internet through the Computer Lab at Camp Zama Youth Center.

CIRCLE ONE have my permission to access the following sites

YES NO Media Viewing (Youtube, etc.) YES NO Gaming Sites

YES NO Images YES NO Social Networking (My Space, etc.)

YES NO Chatting (MSN Messenger, etc.)

COMPUTER TECH LAB RULES

PRIVACY. Network storage areas may be treated like school lockers. Network administrators may review communications to maintain system integrity, and to ensure that students/youth are using the system responsibly.

ILLEGAL COPYING. Students should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Nor should students copy other people's work or intrude into other people's files.

INAPPROPRIATE MATERIALS OR LANGUAGE. No profane, abusive or impolite language shall be used to communicate nor should materials be accessed which are not in line with the rules or appropriate school behavior. A good rule to follow is never view, send, or access materials which you would not want your teachers and parents to see. Should youth encounter such materials by accident, they should report it to their teacher or the network administrator immediately.

I have read the above information about the appropriate use of computers at the Camp Zama Youth Center and I understand and agree to the conditions stated herein. A copy of this agreement will be retained by the network administrator, Camp Zama Youth Center.

CLUB MEMBER'S SIGNATURE

AGE

[Signature box]

DATE

PARENT/GUARDIAN SIGNATURE