

Registration # / EXP	CHILD AND YOUTH SERVICES REGISTRATION FORM (USAREUR Reg 608-10)	Date
		Yearly update
Data Required by the Privacy Act of 1974		
<p>Authority: Title 10, United States Code, section 3012. Principal 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 uses: Information is provided 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 immunization and medical problems will be used for program-admission-screening procedures. Family income data will be used to determine USDA food program qualification and rate structures. 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.</p>		
Declaration of Nondiscrimination		
Services will be made available to all children in attendance, without regard to race, color, religion, national origin, ancestry, or gender, within the limits of AR 215-1 and AR 608-10. CYS programs participating in the USDA food program will offer meals without physical segregation of or discrimination against any child regardless of ability to pay		
Family care plan on file <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		Sole parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of sponsor (Last, first, MI)	Grade	SSN Service (check one) <input type="checkbox"/> Act <input type="checkbox"/> Civ <input type="checkbox"/> Other
		DEROS
		Branch of service
Mailing address	On post <input type="checkbox"/> Yes <input type="checkbox"/> No	Home phone
		Duty phone
Unit/employer mailing address		
E-mail address:		
Name of spouse (Last, First, MI)	Grade	SSN Service (check one) <input type="checkbox"/> Act <input type="checkbox"/> Civ <input type="checkbox"/> Other
		DEROS
Home address	Duty phone	Branch of service
		Dual military sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No
		Family size
Emergency notification designees	Home phone	Duty phone
		Child release designee Yes No
1.		
2.		
Sponsor Consent: I _____ (parent/guardian) of _____ give consent for an authorized CYS representative to take my child/children 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. I understand that a conscientious effort will be made to notify me before such action. I will pay any expenses incurred. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-24b.		
I give CYS care-givers permission to transport my child/children in a POV. <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child/children may participate in field trips with prior knowledge. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks		
Date	Signature of sponsor	CAT
		Payment
		USDA CAT
		Clerk
		Date
Yearly Update		
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		Payment
		USDA CAT
		Clerk
		Date

Remarks

Name of child (Last, First, MI) Sex SSN Date of birth Physical examination date

Health assessment Initial date Update Use of photographs for media Yes No

Immunizations quick guide (low risk)									Program information				
SHOTS	2 mo	4 mo	6 mo	12 mo	18 mo	4-6 y	11-12 y	11-16 y	Program	Bldg	Enroll	Termin	Remarks
DTaP													
IVP/polio													
HIB													
Hep B									Medical problems/special needs				
MMR													
Varicella									Allergies				
PPD													
Td													
Other													

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