

Registration # / EXP	<b>CHILD AND YOUTH SERVICES REGISTRATION FORM (USAREUR Reg 608-10)</b>			Date
				Yearly update
<b>Data Required by the Privacy Act of 1974</b>				
<p><b>Authority:</b> Title 10, United States Code, section 3012.  <b>Principal purpose(s):</b> To provide child and family program eligibility and background information; sponsor consent for access to emergency medical care; data required by USDA food program.  <b>Routine uses:</b> 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.  <b>Disclosure:</b> 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>				
<b>Declaration of Nondiscrimination</b>				
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				
<b>Family care plan on file</b> <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Sole parent</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of sponsor</b> (Last, first, MI)		<b>Grade</b>	<b>SSN</b>	<b>Service</b> (check one) <input type="checkbox"/> Act <input type="checkbox"/> Civ <input type="checkbox"/> Other
		<b>DEROS</b>		
		<b>Branch of service</b>		
<b>Mailing address</b>	<b>On post</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Home phone</b>		<b>Unit/employer mailing address</b>
		<b>Duty phone</b>		
<b>E-mail address:</b>				
<b>Name of spouse</b> (Last, First, MI)		<b>Grade</b>	<b>SSN</b>	<b>Service</b> (check one) <input type="checkbox"/> Act <input type="checkbox"/> Civ <input type="checkbox"/> Other
		<b>DEROS</b>		
<b>Home address</b>		<b>Duty phone</b>		<b>Branch of service</b>
		<b>Dual military sponsor</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Family size</b>
<b>Emergency notification designees</b>		<b>Home phone</b>	<b>Duty phone</b>	<b>Child release designee</b> 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				
<b>Remarks</b>				
<b>Date</b>	<b>Signature of sponsor</b>	<b>CAT</b>	<b>Payment</b>	<b>USDA CAT</b>
		<b>Clerk</b>	<b>Date</b>	
<b>Yearly Update</b>				
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		<b>Clerk</b>	<b>Date</b>	

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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